



Massage Establishment BMC 5.76 (Ord. 1054)

Required prior to Filing:

- Active or Pending Conditional Use Permit; Active State Certification

Applicant Requirements:

- Massage Establishment Permit Application \$475.00 (non-refundable)
- Business License Application Fee (Approximately \$476.00, refundable if denied)
- Business License Processing Fee (Approximately \$61.00, non-refundable)
- Fingerprinting (Approximately \$60.00 per person and non-refundable if required)
- Zoning Clearance Form
- Three (3) written statements, including dates of relationships, signed by persons who have knowledge of the applicant's background, qualifications, and suitability a massage establishment operator. Those persons shall have known the applicant for at least three (3) years preceding the date of the application and shall not be related to the applicant by blood or marriage.
- Acceptable proof applicant is at least eighteen (18) years of age.
- Complete description of all services to be provided at the massage establishment.
- Complete description of any other business to be operated on the same premises, or on adjoining premises, owned or controlled by the applicant;
- Furnish fingerprints for the purpose of establishing identification.
- A certificate of compliance in a form prescribed and reviewed by the Director of Community Development from both (1) the department of Health and Human Services and (2) the Planning Division of the City must be submitted prior to application approval. Any required inspection fees shall be the responsibility of the applicant.
- Provide two (2) front-faced portrait photographs taken by and in a manner prescribed by the Los Angeles County Sheriff's Department:
- Permit application for each Massage Technician (non- refundable)

Required Approval(s):

- Planning Department
- Public Safety
- Sheriff Department (Obtained by the City of Bellflower)

Permit Renewal:

Annual

16600 Civic Center Drive * Bellflower, CA 90706* 562/ 804-1424



APPLICATION FOR MASSAGE ESTABLISHMENT PERMIT (BMC 5.76)

BMC 5.76.030 It shall be unlawful for any person to engage in, conduct or carry on, or to permit to be engaged in, conducted or carried on in or upon any premises within the City, the operation of a massage establishment, without first having obtained a permit issued by the City pursuant to the provisions hereinafter set forth. A permit under the Section shall be valid for twelve months from the date of issuance unless revoked or suspended. The permit required shall be in addition to any business license required by City ordinance. The City Council may, by separate resolution, establish a fee to recover the City's actual costs associated with this permit and any necessary compliance inspections.

- **Please complete the required information:**

Business Name: _____ Phone: _____

Business Address: _____

- **The owner and lessor of the real property upon or in which the massage establishment is to be conducted:**

1. Owner Name: _____

Address: _____

In the event the applicant is not the legal owner of the property, the application must be accompanied by a copy of the lease and a notarized acknowledgment from the owner of the property that a massage establishment will be located on his/her property.

- **Applicant Information:**

Applicant: _____ Home Phone: _____

Other names used within the past five years: _____

Home Address: _____

**P.O. Box is not permissible*

City: _____ State: _____ Zip: _____

Social Security No: _____ Date of Birth: _____

Drivers License or ID No.	Gender	Hair	Eyes	Height	Weight

Previous Residences of Applicant (last two locations):

1. **Dates of residency:** _____

Street Address: _____

**P.O. Box is not permissible*

City: _____ State: _____ Zip: _____

2. **Dates of residency:** _____

Street Address: _____

**P.O. Box is not permissible*

City: _____ State: _____ Zip: _____

**City of Bellflower
Application for Massage Establishment Permit
Page 2 of 4**

Previous Employment History (last five years):

1. Business Name #1: _____

Address: _____

Telephone: _____

Title/ Position: _____

Dates of Employment: _____

2. Business Name #2: _____

Address: _____

Telephone: _____

Title/Position: _____

Dates of Employment: _____

3. Business Name #3:

Address: _____

Telephone: _____

Title/ Position: _____

Dates of Employment: _____

Attach additional sheets if extra space is needed.

List of all permits issued to applicant by any agency, board, city, county, territory, or state:

1. Type of Permit: _____

Issuance Date: _____ Issued By: _____

Permit Status: _____

2. Type of Permit: _____

Issuance Date: _____ Issued By: _____

Permit Status: _____

Attach additional sheets if extra space is needed.

List all convictions for any crime involving conduct which requires registration under any state law similar to and including California Penal Code Section 290, or of conduct which is a violation of the provisions of any state law similar to and including California Penal Code Sections 314, 315, 316, 318, 647, 653.22 or any crime involving dishonesty, fraud, deceit, or moral turpitude, or when the prosecution accepted a plea of guilty or nolo contendere to a charge of violation of California Penal Code section 415 or any lesser included or lesser related offense, in satisfaction of, or as a substitute for, any of the previously listed crimes, or sale or possession for sale of any controlled substance:

Explain in detail: _____

Attach additional sheets if extra space is needed.

**City of Bellflower
Application for Massage Establishment Permit
Page 3 of 4**

• **Owner Information:**

Owner Name: _____ Phone: _____

Address: _____

Federal ID Number: _____

State of incorporation: _____

State ID Number: _____

• **Type of Entity:**

- Corporation Corp- Ltd. Liability Sole Proprietor
 Partnership Limited Partnership Ltd Liability Partnership
 Other: _____

If applicant is a Corporation, please include a copy of Articles of Incorporation and names and residence addresses of each of the officers, directors, and each stockholder owning not less than twenty-five (25) percent of the stock of the corporation. If the applicant is a partnership, please include a listing of the name and residence addresses of each of the partners, including limited partners. In the event any partner, limited or general, is a corporation, the applicant shall comply with the provisions set forth above and provide the information relating to corporate applicants.

• **List of any massage establishment or other like establishment owned or operated by any person whose name in the application:**

1. Business Name: _____

Address: _____

2. Business Name: _____

Address: _____

Attach additional sheets if extra space is needed.

Name(s) of the Person(s) having the management or supervision of Applicant's business of any massage establishment:

1. Employee: _____ Title1 Position: _____

Home Address: _____ Phone: _____

**P.O. Box is not permissible*

City: _____ State: _____ Zip: _____

Social Security No: _____ Date of Birth: _____

Drivers License or ID No.	Sex	Hair	Eyes	Height	Weight

Employment Duties/ Authority: _____

Attach additional sheets if extra space is needed.

City of Bellflower
Application for Massage Establishment Permit
Page 4 of 4

• **Additional Information Required to be submitted with application:**

- Completed Business License Application with a fee of \$448.00, and a required \$61.00 processing fee (non-refundable).
- Completed Massage Establishment Permit with the required fee of \$475.00 (non-refundable).
- Completed Zone Clearance Form (If applicable, to accompany Business License Application)
- Three (3) written statements, including dates of relationships, signed by persons who have knowledge of the applicant's background, qualifications and suitability as a massage establishment operator. Those persons shall have known the applicant for at least three years preceding the date of the application and shall not be related to the applicant by blood or marriage.
- Acceptable proof applicant is at least eighteen (18) years of age.
- Furnish fingerprints for the purpose of establishing identification.
- A certificate of compliance in a form prescribed and reviewed by the Director of Community Development from both (1) the department of Health and Human Services and (2) the Planning Division of the City must be submitted prior to application approval. Any required inspection fees shall be the responsibility of the applicant.
- Provide two (2) front-faced portrait photographs taken by and in a manner prescribed by the Los Angeles County Sheriff's Department;

I also grant authorization for the city, its agents and employees, to seek information and conduct and investigation into the truth of the statements set forth in the application.

Applicant (Please Print) Date

Applicant Signature

- *Massage Operating Permit \$475.00 (non-refundable if denied)**
- *Business License Application Fee (Approximately \$476.00, refundable if denied)**
- *Business License Processing Fee (Approximately \$61.00, non-refundable)**
- *Fingerprinting (Approximately \$60.00 per person and non-refundable)**

For Internal Use:

Date Received: _____ By: _____

Receipt#: _____ Amount: _____

Hearing Date: _____ BL#: _____



Massage Technician (BMC 5.76) (Ord. 1054) or to Add Massage Technicians to Existing Permit BMC 5.76.130

Required Prior to Filing:

- Active or Pending Conditional Use Permit; Active State Certification Issued Pursuant to Chapter 10.5 of Division 2 of CA Business and Professions Code.
- Active or Pending Massage Establishment Permit

Applicant Requirements:

- Massage Technician Permit (\$125.00, refundable if denied)
- Completed Business License Application with \$61.00 processing fee (if denied, processing fee is non-refunded)
- Fingerprinting (Approximately \$60.00 per person and non-refundable)
- Three (3) written statements, including dates of relationships, signed by persons who have knowledge of the applicant's background, qualifications, and suitability as a massage establishment operator. Those persons shall have known the applicant for at least three years (3) preceding the date of the application and shall not be related to the applicant by blood or marriage.
- Acceptable proof applicant is at least eighteen (18) years of age.
- Furnish a diploma of certificate of graduation and transcripts from a five hundred-hour course of instruction.
- Provide two front –faced portrait photographs taken by and in a manner prescribed by the Los Angeles County Sheriff's Department.
- A certificate from a medical doctor license to practice in the State stating that the applicant has within thirty (30) days immediately preceding the date of application been examined and found to be free of any contagious or communicable disease.

Required Approval(s):

- Sheriff's Department (Obtained by the City of Bellflower)
- Heath Department
- Fire Department*
- Council Approval*

Permit Renewal:

Annual



APPLICATION FOR MASSAGE TECHNICIAN PERMIT (BMC 5.76)

5.76.120 (A) No person shall act as a massage technician unless such person holds a valid massage technician's permit issued by the City. In addition, each massage technician permit holder shall be issued a permit identification badge by the City. The permit holder shall attach the badge so that it is clearly visible on the permit holder's person during business hours. Each permit holder shall immediately surrender to the Sheriff's Department or an authorized representative any badge issued by the City upon the suspension, revocation, or expiration of such permit.

- **Please complete the required information:**

Business Name: _____ Phone: _____

Business Address: _____

- **Technician Information:**

Applicant: _____ Home Phone: _____

Other names used within the past five years: _____

Home Address: _____

**P.O. Box is not permissible*

City: _____ State: _____ Zip: _____

Social Security No: _____ Date of Birth: _____

Previous Residence of Application (last two locations):

1. **Dates of residency:** _____

Street Address: _____

**P.O. Box is not permissible*

City: _____ State: _____ Zip: _____

2. **Dates of residency:** _____

Street Address: _____

**P.O. Box is not permissible*

City: _____ State: _____ Zip: _____

**City of Bellflower
Application for Massage Technician Permit
Page 2 of 3**

Previous Employment History (last five years):

1. Business Name #1: _____

Address: _____

Telephone: _____

Title/ Position: _____

Dates of Employment: _____

2. Business Name #2: _____

Address: _____

Telephone: _____

Title/Position: _____

Dates of Employment: _____

3. Business Name #3:

Address: _____

Telephone: _____

Title/ Position: _____

Dates of Employment: _____

Attach additional sheets if extra space is needed.

List of all permits issued to applicant by any agency, board, city, county, territory, or state:

1. Type of Permit: _____

Issuance Date: _____ Issued By: _____

Permit Status: _____

2. Type of Permit:

Issuance Date: _____ Issued By: _____

Permit Status: _____

Attach additional sheets if extra space is needed.

List all convictions for any crime involving conduct which requires registration under any state law similar to and including California Penal Code Section 290, or of conduct which is a violation of the provisions of any state law similar to and including California Penal Code Sections 314, 315, 316, 318, 647, 653.22 or any crime involving dishonesty, fraud, deceit, or moral turpitude, or when the prosecution accepted a plea of guilty or nolo contendere to a charge of violation of California Penal Code section 415 or any lesser included or lesser related offense, in satisfaction of, or as a substitute for, any of the previously listed crimes, or sale or possession for sale of any controlled substance:

Explain in detail: _____

Attach additional sheets if extra space is needed.

**City of Bellflower
Application for Massage Technician Permit
Page 3 of 3**

• **Information of each massage establishments where technician will be employed:**

1. Business Name: _____

Address: _____

2. Business Name: _____

Address: _____

Attach additional sheets if extra space is needed.

• **Additional Information Required to be submitted with application:**

Completed Business License Application with a required \$61.00 processing fee (non-refundable). Massage Technician Permit Application Fee \$125.00

Completed Zone Clearance Form. (If applicable, to accompany Business License Application)

Three (3) written statements, including dates of relationships, signed by persons who have knowledge of the applicant's background, qualifications and suitability as a massage establishment operator. Those persons shall have known the applicant for at least three years preceding the date of the application and shall not be related to the applicant by blood or marriage.

Acceptable proof applicant is at least eighteen (18) years of age.

Furnish fingerprints for the purpose of establishing identification.

Provide two (2) front-faced portrait photographs taken by and in a manner prescribed by the Los Angeles County Sheriff's Department;

I also grant authorization for the city, its agents and employees, to seek information and conduct and investigation into the truth of the statements set forth in the application.

Applicant (Please Print) _____ Date _____

Applicant Signature _____

**Massage Technician Permit Fee: \$125.00 (refundable if denied)
*Business License Processing Fee (Approximately \$61.00, non-refundable)
*Fingerprinting (Approximately \$60.00 per person and non-refundable)**

For Internal Use:

Date Received: _____ By: _____

Receipt#: _____ Amount: _____

Hearing Date: _____ BL#: _____