



City of Ontario  
Planning Department  
303 East "B" Street  
Ontario, CA 91764  
Phone: (909) 395-2036  
Fax: (909) 395-2420

## Massage Establishment Permit Filing Requirements

### WHAT IS A MASSAGE ESTABLISHMENT PERMIT?

The City of Ontario is authorized by virtue of the State Constitution, the provisions of the City Charter, and Government Code § 51031, to regulate all massage establishments by imposing reasonable standards of massage establishment operators and reasonable conditions on the operation of the massage establishment. The Massage Establishment Permit process has been created to ensure reasonable safeguards against physical injury and economic loss to massage clients, brought about by improperly educated and trained massage therapists. In order to achieve these purposes, the Zoning Administrator is empowered to grant or deny applications for Massage Establishment Permits and to impose reasonable conditions upon the granting of a Massage Establishment Permit.

### FILING REQUIREMENTS

1. **Massage Establishment:** Application submittal requirements for a Massage Establishment Permit shall include the following information:
  - a. Massage Permit application and filing fee of **\$517.00**.
  - b. Two (2) portrait photographs, at least two (2) inches by two (2) inches, taken within the last six (6) months, of the applicant or person designated by the applicant, corporation or partnership to act as its responsible managing officer in charge of the premises.
  - c. At least two (2) signed statements by persons who have knowledge of the applicant's background and qualifications, including dates of relationships. Those persons shall have known the applicant for at least three (3) years preceding the date of application.
  - d. If the applicant/owner will be performing massages at the massage establishment, then provide active copies of the applicant/owner California Massage Therapy Council ("CAMTC") certificate and license card. If the applicant/owner is not CAMTC certified, then a separate Massage Therapist Permit is required to be obtained.
  - e. A complete description/definition of all services to be provided.
  - f. Written proof that the applicant/owner is at least eighteen (18) years of age.
  - g. Written proof that the person designated by the applicant, corporation or partnership to act as its responsible managing officer in charge of the premises, is at least eighteen (18) years of age.
  - h. The applicant and any person designated by the applicant, corporation or partnership to act as its responsible managing officer in charge of a massage establishment shall be required to furnish fingerprints for the purpose of establishing identification. Any

required fingerprinting fee will be the responsibility of the applicant.

- i. A floor plan of the unit/building in which you wish to establish your business.
- j. Such other identification and information as the Police Chief may require in order to discover the truth of the matters hereinbefore specified as required to be set forth in the application.
- k. The Police Chief, at his discretion, may require the applicant to appear in person for the purpose of verifying identity, taking additional photographs of the applicant, and/or confirm the height and weight of the applicant.

### NOTES:

**Permit regulations and requirements are subject to requirements as set forth by Ordinance No. 2911 as adopted by City Council on September 1, 2009.**

**All applicants should review Title 6-10.01 of the City of Ontario Municipal Codes for operating requirements and zoning compliance.**

**Approval of a Massage Establishment Permit does not include employees. Each employee who performs massage as part of the business activities must apply for and obtain a separate Massage Therapist Permit or be certified by the California Massage Therapy Council and provide proof of such certification.**



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# Massage Establishment Permit Application

## GENERAL INFORMATION *(print or type)*

Property Owner: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Applicant: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Applicant's Representative: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
 Email: \_\_\_\_\_

*(For staff use only)*

*File No.:* \_\_\_\_\_  
 \_\_\_\_\_  
*Related Files:* \_\_\_\_\_  
 \_\_\_\_\_  
*Received Date:* \_\_\_\_\_  
*Rec'd by:* \_\_\_\_\_  
*Fees Paid:* \_\_\_\_\_  
*Receipt No.:* \_\_\_\_\_  
*Approved by:* \_\_\_\_\_  
*Approval Date:* \_\_\_\_\_  
*Expiration Date:* \_\_\_\_\_

## BUSINESS INFORMATION

Business Name: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
 Website / Email: \_\_\_\_\_  
 Responsible managing officer in charge of the premises: \_\_\_\_\_  
 Managing officer's current residence address: \_\_\_\_\_  
 Managing officer's residence telephone no.: \_\_\_\_\_

## APPLICANT/OWNER INFORMATION

Is the massage establishment business a corporation?  Yes  No  
 If yes, below, provide the name of the corporation exactly as shown in the articles of incorporation or Charter. In addition, on a separate sheet of paper, provide the state and date of incorporation, and the names and residence addresses of each of its current officers and directors, and of each stockholder holding more than 5% of the stock of that corporation.

Is the massage establishment business a partnership?  Yes  No  
 If yes, on a separate sheet of paper, provide the name and residence address of each of the partners, including limited partners. If the applicant is a limited partnership, provide a copy of the certificate of limited partnership, as filed with the county clerk. If one or more of the partners is a corporation, the provisions pertaining to corporate applicants, above, shall apply.

Applicant/owner full/complete name: \_\_\_\_\_  
 List any other name(s) you have used or been known by: \_\_\_\_\_

Current residence address: \_\_\_\_\_

Residence telephone no.: \_\_\_\_\_

Past two (2) places of residence:

1. Address: \_\_\_\_\_

2. Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ California Driver's License or ID No.: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Are you a United States citizen?  Yes  No

Social Security No.: \_\_\_\_\_ Sex:  Male  Female

Weight (*lbs.*): \_\_\_\_\_ Height: Feet \_\_\_\_\_ Inches \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Have you ever possessed an operator's license issued by any state other than California?  Yes  No

If yes, provide the following information:

Name license was issued to: \_\_\_\_\_

License No.: \_\_\_\_\_

Have you ever been fingerprinted by a police agency other than for arrest?  Yes  No

If yes, provide the following information:

Agency Name: \_\_\_\_\_

Date: \_\_\_\_\_ Purpose: \_\_\_\_\_

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**APPLICANT/OWNER PERMIT/LICENSE HISTORY**

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Have you had any permit or license issued by any agency, board, city, county, territory or state?  Yes  No

If yes, provide the following information for each permit or license received (*attach additional sheets if necessary*):

Permit/License received: \_\_\_\_\_

Issuing agency, board, city, county, territory or state: \_\_\_\_\_

Date of Issuance: \_\_\_\_\_ Was the permit/license revoked or suspended:  Yes  No

If yes, state the reason for revocation or suspension: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you had any vocational or professional permit or license issued:  Yes  No

If yes, provide the following information for each permit or license received (*attach additional sheets if necessary*):

Permit/License received: \_\_\_\_\_

Issuing vocational or professional organization: \_\_\_\_\_

Date of Issuance: \_\_\_\_\_ Was the permit/license revoked or suspended:  Yes  No

If yes, state the reason for revocation or suspension: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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***APPLICANT/OWNER CRIMINAL HISTORY***

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Have you ever been arrested or detained by the police (excluding traffic violations)?  Yes  No

If yes, provide the following details (*attach additional sheets if necessary*):

1. Crime Charged: \_\_\_\_\_  
Police Agency: \_\_\_\_\_  
Date: \_\_\_\_\_ Disposition of Case: \_\_\_\_\_
2. Crime Charged: \_\_\_\_\_  
Police Agency: \_\_\_\_\_  
Date: \_\_\_\_\_ Disposition of Case: \_\_\_\_\_









## Ontario Police Department Permit Fingerprint Application

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ M: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

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The City of Ontario requires that prior to granting certain permits, the person applying for a permit must submit to a fingerprint process to be completed by the Ontario Police Department. The fingerprint process is required by the California Department of Justice as a necessary means for the Police Department to conduct background checks as required for the permit being applied for.

DOJ Results review date: \_\_\_\_\_ By: \_\_\_\_\_