



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

## *Massage Therapist Permit Filing Requirements*

### **WHAT IS A MASSAGE THERAPIST 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 massage therapists who are not certified by the California Massage Therapy Council ("CAMTC"), pursuant to Business and Professions Code Section 4601 (b), by requiring certain educational attainment, experience, and imposing reasonable standards relative to the operation of performing massage therapy. This Massage Therapist Permit process has been established 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 Therapist Permits and to impose reasonable conditions upon the granting of a Massage Therapist Permit.

### **FILING REQUIREMENTS**

**1. Massage Therapist:** Application submittal requirements for a Massage Therapist Permit shall include the following information:

- a. Massage Therapist Permit application filing fee of **\$517.00**.
- b. Two portrait photographs, at least two (2) inches by two (2) inches, taken within the last six (6) months, of the applicant.
- c. At least two (2) signed statements by persons who have knowledge of the applicant's background, qualifications and suitability for the position of massage therapist, including dates of relationships. Those persons shall have known the applicant for at least three (3) years preceding the date of application.
- d. A complete description/definition of all services to be provided.
- e. Written proof that the applicant is at least eighteen (18) years of age.
- f. Furnish fingerprints for the purpose of establishing identification. Any required fingerprinting fee will be the responsibility of the applicant.
- g. A certificate from a medical doctor stating that the applicant has, within thirty (30) days immediately prior thereto, been examined and found to be free of any contagious or communicable disease.
- h. A diploma or certificate of graduation from a recognized school or other institution of learning wherein the method, profession, and work of massage therapists is taught. The minimum acceptable education and training is as follows:
  - A diploma or certificate of graduation and transcripts from a five hundred (500) hour course of instruction from either a recognized school of massage or from an existing school or institution of learning outside the State, together with a certified transcript of the applicant's school

records showing date of enrollment, hours of instruction and graduation from a course having at least a minimum requirement prescribed by Title 5, Division 21, of the California Administrative Code, wherein the theory, method, profession and work of massage are taught, and a copy of the school's approval by its State Board of Education; or

- A diploma or certificate of graduation and transcripts from a minimum two hundred (200) hour course of instruction from schools or institutions as described above, and furnish proof of completion of up to three hundred (300) hours of continuing education courses in massage from schools or institutions as described above. The minimum combined total course hours and continuing education hours shall equal no less than five hundred (500) hours.
- i. Proof of membership in a state or national professional massage therapy organization or association.
- j. Such other identification and information as may be required to process 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.**



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# Massage Therapist Permit Application

## GENERAL INFORMATION *(print or type)*

Applicant: \_\_\_\_\_  
 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: \_\_\_\_\_

## MESSAGE ESTABLISHMENT BUSINESS INFORMATION

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

## APPLICANT INFORMATION

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: \_\_\_\_\_

***APPLICANT EMPLOYMENT HISTORY***

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Provide your employment history for the past five (5) years, listing your present or most recent job first (include military service and part-time jobs):

(1) Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Position Held: \_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
*Month/Year Month/Year*

Supervisor Name & Title: \_\_\_\_\_

(2) Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Position Held: \_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
*Month/Year Month/Year*

Supervisor Name & Title: \_\_\_\_\_

(3) Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Position Held: \_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
*Month/Year Month/Year*

Supervisor Name & Title: \_\_\_\_\_

***APPLICANT 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 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: \_\_\_\_\_

***APPLICANT EDUCATIONAL BACKGROUND***

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Provide the full name of the school or institution where you received your training:

School Name: \_\_\_\_\_  
School Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Did you receive a diploma or certificate of graduation?  Yes  No

Dates of attendance: Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

Hours of instruction training entailed: \_\_\_\_\_







## 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: \_\_\_\_\_