

CITY OF

303 EAST B STREET, CIVIC CENTER ONTARIO



ONTARIO

CALIFORNIA 91764-4105

(909) 395-2000
FAX (909) 395-2070

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DEBRA DORST-PORADA
COUNCIL MEMBERS

SCOTT OCHOA
CITY MANAGER

SHEILA MAUTZ
CITY CLERK

JAMES R. MILHISER
TREASURER

RE: MESSAGE ESTABLISHMENT SUPPLEMENTARY APPLICATION PACKET

Dear Applicant:

In an effort to improve customer service and insure development projects are processed as quickly as possible, the Planning Department finds it necessary to remind its clients that complete application submittals are crucial to the plan review process. In the past, accepting incomplete applications has led to errors and time delays at the end of the review process. I do not want this to happen to you.

Consequently, the Planning Department staff will only accept complete applications at time of submittal. All items listed on the enclosed *Massage Establishment Supplementary Application Form* and the *Minimum Filing Requirements* must be provided before the Planning Department counter staff can accept your application for filing. Please review these minimum requirements prior to submitting your application, as counter staff do not have the authority to waive these requirements.

Please remember that failure to provide all of the required plans and information will result in significant time delays in the processing of your application. If you have any questions regarding the necessity of any particular item on the *Massage Establishment Supplementary Application Form* or the *Minimum Filing Requirements*, please feel free to contact the Planning Department counter supervisor to discuss your questions.

The Planning Department looks forward to a continued efficient and professional relationship with you in the future. If you have any questions, comments, or concerns regarding this matter, please feel free to contact the Planning Department at (909) 395-2036.

Respectfully,



Cathy Wahlstrom
Planning Director

ATTENTION!

The City of Ontario strives to provide you with efficient and effective service in a businesslike manner. We are committed to the principle that every interaction you have with the City must be based on honesty and integrity.

City employees are prohibited by law from soliciting or accepting money, services, or gifts of any kind in connection with the discharge of their duties.

If you are approached or are aware of any violation of this policy, please immediately contact any of the following:

Scott Ochoa, City Manager(909) 395-2396 or sochoa@ontarioca.gov
Derek Williams, Police Chief..... (909) 395-2710 or dwilliams@ontarioca.gov
Ethics Line.....(800) 500-0333



City of Ontario
 Planning Department
 303 East B Street
 Ontario, California 91764
 Phone: 909.395.2036
 Fax: 909.395.2420

Massage Establishment; Supplementary Application Form

GENERAL INFORMATION (PRINT OR TYPE)

Property Owner: _____

Address: _____

Telephone No.: _____

Email: _____

Applicant: _____

Address: _____

Telephone No.: _____

Email: _____

Applicant's Representative: _____

Address: _____

Telephone No.: _____

Email: _____

(For staff use only)

File No.: _____

Related File: _____

Date: _____

Rec'd by: _____

Fees Paid: _____

Cash Check (# _____)

Credit Card

Receipt No.: _____

Approved By: _____

Approval Date: _____

Expiration Date: _____

BUSINESS INFORMATION

Business Name: _____

Business Address: _____

Telephone No.: _____

Email: _____

Website: _____

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.

Corporation Name: _____

Massage Establishment Supplementary Application Form

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 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.: _____ Gender: 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/OWNER PERMIT/LICENSE HISTORY

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 (attach additional sheets if necessary): _____

Massage Establishment Supplementary Application Form

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: _____

APPLICANT/OWNER CRIMINAL HISTORY

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: _____

3. Crime Charged: _____

Police Agency: _____

Date: _____ Disposition of Case: _____

4. Crime Charged: _____

Police Agency: _____

Date: _____ Disposition of Case: _____

5. Crime Charged: _____

Police Agency: _____

Date: _____ Disposition of Case: _____

APPLICANT AFFIDAVIT

I, the undersigned, do hereby certify and state that I am the applicant in the foregoing application, that I have read the foregoing application, and that I know the content thereof, and do further state that the same is true and correct to the best of my knowledge and belief.

Furthermore, I hereby agree to defend, indemnify, and hold harmless the City of Ontario or its agents, officers, and employees, from any claim, action or proceeding against the City of Ontario or its agents, officers or employees, to attack, set aside, void, or annul any approval by the City of Ontario, whether by its City Council, Planning Commission, or other authorized board or officer, as it pertains to this application. The City of Ontario shall promptly notify the applicant of any such claim, action or proceeding, and the City of Ontario shall cooperate fully in the defense.

Date: _____ Signature: _____

Name (print or type): _____

NOTARY ACKNOWLEDGMENT

Note: The notary public completing this certificate is verifying only the identity of the individual signing the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of the document.

STATE OF CALIFORNIA)
COUNTY OF _____)
CITY OF _____)

On _____ before me, _____
Date Name of Notary Public

Notary Public, personally appeared _____
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies) and that by his/her/their signatures(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____

(Seal)

PROPERTY OWNER AFFIDAVIT

I, the undersigned, do hereby certify and state that I am the owner of the property in the foregoing application, that I have read the foregoing application, and that I know the content thereof, and do further state that the same is true and correct to the best of my knowledge and belief.

Date: _____ Signature: _____

Name (print or type): _____

NOTARY ACKNOWLEDGMENT

Note: The notary public completing this certificate is verifying only the identity of the individual signing the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of the document.

STATE OF CALIFORNIA)

COUNTY OF _____)

CITY OF _____)

On _____ before me, _____
Date Name of Notary Public

Notary Public, personally appeared _____
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies) and that by his/her/their signatures(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____

(Seal)



Ontario Police Department Permit Fingerprint Application

Last Name: _____

First Name: _____ M: _____

Date of Birth: _____ Sex: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

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: _____



City of Ontario
Planning Department
303 East B Street
Ontario, California 91764
Phone: 909.395.2036
Fax: 909.395.2420

Massage Establishment Supplementary Application Form; Minimum Filing Requirements

WHAT IS A MESSAGE ESTABLISHMENT PERMIT?

The City of Ontario is authorized by virtue of the State Constitution, the provisions of the City Charter, and Government Code Section 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.

MINIMUM FILING REQUIREMENTS

The minimum requirements for filing a Massage Establishment Application are listed below. An application that does not include the below-listed items will not be accepted for processing:

- Completed Discretionary Permits/Actions Applications Form, requesting Conditional Use Permit approval for the proposed massage establishment, and compliance with the minimum applications for filing a Conditional Use Permit.
- Completed Massage Establishment Supplemental Application Form.
- Two portrait photographs, 2 inches in width by 2 inches in height, taken within the previous 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.
- At least two 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 3 years preceding the date of application.
- If the applicant/owner will be performing massages at the massage establishment, provide current copies of the applicant/owner California Massage Therapy Council ("CAMTC") certificate and license card. If the applicant/owner is not CAMTC certified, a separate Massage Therapist Permit is required to be obtained.
- A complete description/definition of all services to be provided.
- Written proof that the applicant/owner is at least 18 years of age.
- 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 18 years of age.
- 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.

- A floor plan of the unit/building in which you wish to establish your business.
- 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.
- 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.
- Any other information that the Planning Director deems necessary to facilitate the processing of the subject application.

Notes:

- (1) *Review Development Code Section 5.03.270 (Massage Services) for operating requirements and zoning compliance.*
- (2) *The approval of a Massage Establishment Permit does not include employees. Each employee who performs massage as part of the business activity 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.*

For City Use Only

Required information provided with application:

- Fully completed, signed and notarized *Massage Establishment Supplementary Application Form*.
- Fully completed, signed, and notarized *Discretionary Permits/Actions Applications Form* for Conditional Use Permit approval.
- Two portrait photographs, at least 2-inches by 2-inches, taken within the last 6 months.
- Two signed statements by persons who have knowledge of the applicant's background and qualifications.
- Applicant/owner will NOT be performing massages at the establishment.

OR

- Applicant/owner submitted CAMTC certification and license card OR separate Massage Therapist Permit application.
- Description/definition of services to be provided.
- Floor plan of building/unit.
- Proof that the applicant/owner is at least 18 years of age.
- 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 18 years of age.

Approved Denied

 Police Department, By: _____ Date: _____

Title: _____

 Planning Department, By: _____ Date: _____

Title: _____