

**CITY OF**

303 EAST B STREET, CIVIC CENTER ONTARIO



**ONTARIO**

CALIFORNIA 91764-4105

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COUNCIL MEMBERS

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CITY MANAGER

SHEILA MAUTZ  
CITY CLERK

JAMES R. MILHISER  
TREASURER

**RE: MESSAGE THERAPIST PERMIT 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 Therapist Permit 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 Therapist Permit 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](mailto:sochoa@ontarioca.gov)  
Derek Williams, Police Chief..... (909) 395-2710 or [dwilliams@ontarioca.gov](mailto: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 Therapist Permit Application Form

### GENERAL INFORMATION (PRINT OR TYPE)

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

List any other name(s) you have used or been known by: \_\_\_\_\_  
\_\_\_\_\_  
Current residence address: \_\_\_\_\_  
Residence telephone no.: \_\_\_\_\_  
Previous 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: \_\_\_\_\_

**Massage Therapist Permit Application Form**

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**

Provide your employment history for the past 5 years, listing your present or most recent job first. Be sure to include military service and part-time jobs (*attach additional sheets if necessary*):

(1) Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ Position Held: \_\_\_\_\_  
Supervisor Name & Title: \_\_\_\_\_  
Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
*Month/Year Month/Year*

(2) Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ Position Held: \_\_\_\_\_  
Supervisor Name & Title: \_\_\_\_\_  
Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
*Month/Year Month/Year*

(3) Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ Position Held: \_\_\_\_\_  
Supervisor Name & Title: \_\_\_\_\_  
Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
*Month/Year Month/Year*

**APPLICANT 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 Therapist Permit Application Form**

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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**

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**

Provide the full name and location 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: \_\_\_\_\_

APPLICANT AFFIDAVIT

I, the undersigned, do hereby certify and state that I am the applicant in the foregoing Massage Therapist Permit Application Form, that I have read the foregoing Application Packet, 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)



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



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

## ***Massage Therapist Permit Application; Minimum 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 Section 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.

### **MINIMUM FILING REQUIREMENTS**

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

- Completed Massage Therapist Permit Application Form.
- Provide two portrait photographs of the applicant, taken within the previous 6 months, and which measures 2-inches in width by 2-inches in height.
- Provide 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, 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.
- Provide a complete description/definition of all services to be provided.
- Provide 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.
- Furnish fingerprints for the purpose of establishing identification. Any required fingerprinting fee will be the responsibility of the applicant. All fingerprinting fees shall be the responsibility of the applicant.
- Provide a certificate from a medical doctor stating that the applicant has, within 30 days immediately prior thereto, been examined and found to be free of any contagious or communicable disease.
- Provide 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 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 200 hour course of instruction from schools or institutions as described above, and furnish proof of completion of up to 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 500 hours.
- Provide proof of membership in a state or national professional massage therapy organization or association.
- 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 their 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.



*FOR CITY USE ONLY*

Required information provided with permit application:

- Fully completed, signed and notarized *Massage Therapist Application Form*.
- 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.
- Description/definition of services to be provided.
- Proof that the applicant 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.
- Medical certificate that the applicant is free of any contagious or communicable disease.
- Diploma or certificate of graduation from a recognized school.

Approved      Denied

      Police Department,      By: \_\_\_\_\_      Date: \_\_\_\_\_

Title: \_\_\_\_\_

      Planning Department,      By: \_\_\_\_\_      Date: \_\_\_\_\_

Title: \_\_\_\_\_