



## **Administrative Use Permit Application Form — Massage Establishments**

303 East B Street, Ontario, California 91764 Phone: 909.395.2036 / Fax: 909.395.2420

Dear Applicant:

In an effort to improve customer service and ensure 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 requested by this application packet, along with the required filing fee, must be provided before the Planning Department counter staff can accept your application for filing. Please review all minimum requirements prior to submitting your application, as counter staff do not have the authority to waive any 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 required by this application packet, 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,

A handwritten signature in blue ink, appearing to read "RZL", with a horizontal line extending from the end of the signature.

Rudy Zeledon  
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)
- Mike Lorenz, Police Chief ..... (909) 395-2710 or [mlorenz@ontarioca.gov](mailto:mlorenz@ontarioca.gov)
- Ethics Line .....(800) 500-0333



## Administrative Use Permit Application Form — Massage Establishments

303 East B Street, Ontario, California 91764 Phone: 909.395.2036 / Fax: 909.395.2420

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

\_\_\_\_\_

**Administrative Use Permit Application Form — Massage Establishment**

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): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Administrative Use Permit Application Form — Massage Establishment**

---

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: \_\_\_\_\_

**APPLICANT ACKNOWLEDGMENT**

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): \_\_\_\_\_

**PROPERTY OWNER ACKNOWLEDGMENT**

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): \_\_\_\_\_



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



## Administrative Use Permit Application Form — Massage Establishments Minimum Filing Requirements

303 East B Street, Ontario, California 91764 Phone: 909.395.2036 / Fax: 909.395.2420

### 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 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 Administrative Use Permit Application Form – Massage Establishment.
- 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: \_\_\_\_\_