

# Planning & Community Preservation Department

## MASSAGE ESTABLISHMENT APPLICATION



**Instructions: Complete this application and return with required documents to:  
Business Tax Division located at 707 W Acequia, Visalia CA 93291**

**PERMIT APPLICATION TYPE (SELECT ONE):**

NEW BUSINESS

OUTCALL ONLY

SOLE PROPRIETOR (OWNER/ONE EMPLOYEE)

EXISTING BUSINESS WITH CHANGES

**All information in this application must be answered. Incomplete applications will be denied.**

**ATTACH THE REQUIRED FEE AND A COPY OF THE FOLLOWING DOCUMENTS:**

- Current Business Tax Application
- All business documents (fictitious name, corporate name statement etc.)
- Current signed lease agreement with notarized property owner/homeowner association approval (if applicable)
- Detailed diagram showing the interior floor plan of the premises depicting all interior rooms
- Color copies of all photo identification (driver's license or passport)
- Color copies of CAMTC ID card and CAMTC certification

### PROPOSED ESTABLISHMENT INFORMATION

CAMTC CERTIFIED OWNER(S):  Yes  No

Business Name:

Name of Business Owner(s):

Address:

Phone Number (Business):

Mobile:

Email:

Website URL:

(If the business name is different from the owner's name, a fictitious name statement must be attached)

# MASSAGE ESTABLISHMENT APPLICATION

Site Plan Review (SPR) Number:  Date of SPR Revise & Proceed:

Full Legal name of the Corporation or LLC (if applicable):

If the business is a Corporation or LLC, please provide the following:

- Current registration with the California Secretary of State
- Articles of Incorporation or LLC Articles of Organization
- Names and residence addresses of each of the officers, directors, and each member or stockholder holding more than five (5) percent of the stock or ownership, along with the amount of stock held by each person.

## SECTION 1

### BUSINESS INFORMATION

Provide a narrative description of services that will be provided in the proposed business, including but not limited to, exact nature of the massage, relations, tanning, sauna, hot towel wraps, baths, or other health treatments to be administered:

Hours of Operation (All massage services must terminate at 10:00 pm):

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--------|---------|-----------|----------|--------|----------|--------|
|        |         |           |          |        |          |        |

|                             |         |        |
|-----------------------------|---------|--------|
| Property Owner (Legal Name) | Address | Phone: |
|                             |         | Email: |

# MASSAGE ESTABLISHMENT APPLICATION

**Property Owner's Signature MUST be Notarized.**  
**Attach acknowledgement of signature(s) by Notary Public.**

## **AGENCY AUTHORIZATION**

**Property Owner:**

I,  , declare as follows:

Owner's Name - Print

I am the owner of certain real property bearing assessor's parcel number (APN):

  
  
  
  

Located at the following address or location:

**Agent/Applicant:**

I designate  , to act as my duly authorized agent for all

Agent's Name - Print

purposes necessary to file an application for, and obtain a permit to

Action Sought

relative to the property mentioned herein. I declare under penalty of perjury the foregoing is true and correct.

Executed this  day of  , 20  .

### **SIGNATURES (MUST BE NOTARIZED) ATTACH ACKNOWLEDGEMENT BY NOTARY PUBLIC**

| <b><u>PROPERTY OWNER</u></b>      | <b><u>AGENT/APPLICANT</u></b>     |
|-----------------------------------|-----------------------------------|
| Signature of Owner                | Signature of Agent                |
| Owner Mailing Address             | Agent Mailing Address             |
| Owner Mailing Address (continued) | Agent Mailing Address (continued) |
| Owner Telephone                   | Agent Telephone                   |
| Owner Email                       | Agent Email                       |

# MASSAGE ESTABLISHMENT APPLICATION

## SECTION 2

### EMPLOYEE INFORMATION

List each employee of your business, regardless of the nature of employment, including owner, partner, manager, supervisor, worker, receptionist, massage therapist, massage therapist trainee, etc. If more space is needed, make a copy of this page and attach.

For each employee, attach a valid form of identification (Driver's license or other photo ID). For employees required to have a CAMTC certification, attach a colored copy of their current CAMTC ID and CAMTC Certificate.

| List All Employees of the Business |   | Other Names used or N/A   | Title/Position        |
|------------------------------------|---|---------------------------|-----------------------|
| #1                                 | First Name: _____ Last Name: _____                | Other Names or N/A: _____ | Title/Position: _____ |
|                                    | Residence Address (Include City/State/Zip): _____ |                           |                       |
| #2                                 | First Name: _____ Last Name: _____                | Other Names or N/A: _____ | Title/Position: _____ |
|                                    | Residence Address (Include City/State/Zip): _____ |                           |                       |
| #3                                 | First Name: _____ Last Name: _____                | Other Names or N/A: _____ | Title/Position: _____ |
|                                    | Residence Address (Include City/State/Zip): _____ |                           |                       |
| #4                                 | First Name: _____ Last Name: _____                | Other Names or N/A: _____ | Title/Position: _____ |
|                                    | Residence Address (Include City/State/Zip): _____ |                           |                       |
| #5                                 | First Name: _____ Last Name: _____                | Other Names or N/A: _____ | Title/Position: _____ |
|                                    | Residence Address (Include City/State/Zip): _____ |                           |                       |
| #6                                 | First Name: _____ Last Name: _____                | Other Names or N/A: _____ | Title/Position: _____ |
|                                    | Residence Address (Include City/State/Zip): _____ |                           |                       |
| #7                                 | First Name: _____ Last Name: _____                | Other Names or N/A: _____ | Title/Position: _____ |
|                                    | Residence Address (Include City/State/Zip): _____ |                           |                       |
| #8                                 | First Name: _____ Last Name: _____                | Other Names or N/A: _____ | Title/Position: _____ |
|                                    | Residence Address (Include City/State/Zip): _____ |                           |                       |

## SECTION 3

**BUSINESS OWNER INFORMATION**

*Each owner of the business as defined in VMC must complete all questions of SECTION 3 (PAGES 5 -9) on a separate application form.*

| Business Owner Information |   |   |                             |
|----------------------------|---|---|-----------------------------|
| #1                         | True Legal Name   | First Name: _____ Middle: _____   | Last Name: _____            |
| #2                         | List all Aliases or <u>other names</u> you have previously used: _____  |   |                             |
| #3                         | CAMTC Certified?  | YES <input type="checkbox"/> Certification Number: _____<br><i>Copy of CAMTC certification AND Copy of CAMTC identification card must be attached</i>   | NO <input type="checkbox"/> |
| #4                         | Certification   | Have you ever had disciplinary action against, suspension, or revocation of a permit or certificate to <i>practice massage</i> from CAMTC or <i>any</i> agency, city, or organization?<br>NO <input type="checkbox"/> YES <input type="checkbox"/> If "Yes," attach copies of any related documents or notices. |                             |
|                            |   | Agency: _____   | Date/Reason: _____          |
|                            |   | Agency: _____   | Date/Reason: _____          |
| #5                         | Have you ever been fingerprinted at Visalia Department of Public Safety? YES <input type="checkbox"/> Date: _____ NO <input type="checkbox"/>       |   |                             |
| #6                         | Starting with the most current, list all address, telephone numbers, and periods of residency, where you have lived during the past five (5) years: |   |                             |
|                            | Dates (mm/yy)   | Residence Address (include full street address, city, state, and zip-code)  |                             |
|                            | Dates (mm/yy)   | Residence Address (include full street address, city, state, and zip-code)  |                             |
|                            | Dates (mm/yy)   | Residence Address (include full street address, city, state, and zip-code)  |                             |
|                            | Dates (mm/yy)   | Residence Address (include full street address, city, state, and zip-code)  |                             |
|                            | Dates (mm/yy)   | Residence Address (include full street address, city, state, and zip-code)  |                             |

# MASSAGE ESTABLISHMENT APPLICATION

## BUSINESS OWNER QUESTIONS - SECTION 3 (CONTINUED..)

Within five (5) years immediately preceding the date of filing this application, have you received a license or permit from any jurisdiction to own or operate a MASSAGE ESTABLISHMENT or other type of business under the provisions of any ordinance or statue governing massage or somatic practice?

Yes  No

Have you ever had such a license or permit suspended, revoked, withdrawn, or denied, (OR) were you ever notified of violations and penalties under the license or permit?

Yes  No

Have you previously owned, operated, or been employed at any MASSAGE ESTABLISHMENT or similar business which as had their license suspended/revoked or been subjected to abatement proceedings under 11225 through 11235 (Red Light Abatement Law) of the California Penal Code ?

Yes  No

Have you previously owned, operated, or been employed at any MASSAGE ESTABLISHMENT or similar business which as had their license suspended/revoked or been subjected to abatement proceedings under 11225 through 11235 (Red Light Abatement Law) of the California Penal Code ?

Yes  No

Have you ever been required to register as a sex offender under the provisions of Section 290 of the California Penal Code?

Yes  No

Have you been convicted in any court of competent jurisdiction of any of the following offenses?

| CA Penal Code | Crime Description                        | Response   |
|---------------|--|--|
| 182 PC        | Conspiracy to commit a crime             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 207 PC        | Kidnapping                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 220 PC        | Assault with intent to commit sex crimes | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 236.1 PC      | Human Trafficking                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |

# MASSAGE ESTABLISHMENT APPLICATION

## BUSINESS OWNER QUESTIONS - SECTION 3 (CONTINUED..)

Have you been convicted in any court of competent jurisdiction of any of the following offenses?

| CA Penal Code | Crime Description                                    | Response   |
|---------------|--|--|
| 243.4 PC      | Sexual Battery                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 261 PC        | Rape   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 264.1 PC      | Conspiracy to sexually assault                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 266 PC        | Enticing a minor female under 18 into prostitution   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 266a PC       | Taking a person against their will                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 266e PC       | Offering compensation for purposes of prostitution   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 266f PC       | Selling or imprisoning a person for immoral purposes | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 266g PC       | Placing or leaving wife in a house of prostitution   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 266h PC       | Pimping  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 266i PC       | Pandering  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 266j PC       | Providing children under 16 for lewd acts (sec 288)  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 267 PC        | Abducting a child for prostitution                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 314 PC        | Indecent Exposure                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 315 PC        | Keeping or residing in house of ill-fame             | <input type="checkbox"/> Yes <input type="checkbox"/> No |

# MASSAGE ESTABLISHMENT APPLICATION

## BUSINESS OWNER QUESTIONS - SECTION 3 (CONTINUED...)

Have you been convicted in any court of competent jurisdiction of any of the following offenses?

| CA Penal Code | Crime Description   | Response                     |                             |
|---------------|---|------------------------------|-----------------------------|
| 316 PC        | Keeping or furnishing a house for prostitution                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 318 PC        | Prevailing upon person to visit place of gambling or prostitution | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 647(a) PC     | Lewd conduct in public  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 647(b) PC     | Solicit, agrees to engage, engages in any act of prostitution     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 647(d) PC     | Loitering in public toilets for lewd acts                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 647(j) PC     | Criminal invasion of privacy                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 653.22 PC     | Loitering in public with the intent to commit prostitution        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Have you ever been convicted in a court of competent jurisdiction of any felony offense involving the possession for sales, sales, transportation, furnishing, giving away or administering any controlled substance specified in Sections 11054, 11055, 11056, 11057, 11058 of the California Health and Safety Code (or similar codes in another state), including but not limited to drugs such as methamphetamine, cocaine, heroin, PCP, marijuana, MDMA, or anabolic steroids?

Yes  No

Have you ever been convicted in a court of competent jurisdiction of any criminal offense (misdemeanor or felony), which relates directly to the operation of a massage establishment?

Yes  No

Have you ever failed to comply with a final court order or administrative action of an investigatory agency finding a violation of applicable federal, state and local wage and hour laws, including but not limited to the Federal Fair Labor Standards Act, the California Labor Code, and any local minimum wage ordinance or prevailing wage requirement.

Yes  No

# MASSAGE ESTABLISHMENT APPLICATION

## BUSINESS OWNER QUESTIONS - SECTION 3 (CONTINUED...)

**IF "Yes" to any of the above questions in SECTION 3 please provide the information below. You must attach copies of any documentary materials relating to the information.**

Please provide the following details. Failure to report this information can be cause for denial of a massage establishment permit. Please use a separate sheet if needed.

| <u>Date</u> | <u>Name of Agency/City/State</u> | <u>Case Number</u> | <u>Charges/Circumstances/Disposition</u> |
|-------------|----------------------------------|--------------------|--|
|             |                                  |                    |  |

# MASSAGE ESTABLISHMENT APPLICATION

## MASSAGE ESTABLISHMENTS CODE OF CONDUCT

**I HAVE READ AND UNDERSTAND THE PROVISIONS OF THE VISALIA MUNICIPAL CODE CHAPTER 5.68 MASSAGE ESTABLISHMENTS, AND WILL ABIDE FULLY WITH THOSE PROVISIONS, INCLUDING BUT NOT LIMITED TO THOSE LISTED BELOW:**

### **Operational Requirements**

No massage establishment shall be kept open for business between the hours of 10:00 P.M. of one day and 8:00 A.M. the following day. A massage begun any time before 10:00 P.M. must terminate at 10:00 P.M.

The hours of operation of the massage establishment shall be displayed in a conspicuous public place in the reception and waiting area.

Patrons and visitors shall be permitted in the massage establishment only during the hours of operation.

During the hours of operation, patrons shall be permitted in massage therapy rooms only if at least one duly authorized certified massage professional is present on the premises of the massage establishment. Patrons shall not be permitted in any employee break room on the premises.

During the hours of operation, visitors shall not be permitted in massage therapy rooms with clients except as follows:

- The parents or guardian of a patron who is a minor child may be present in the massage therapy room with the minor child.
- The minor child of a patron may be present in the massage therapy room with the patron when necessary for the supervision of the child
- The conservator, aid or other caretaker of a patron who is elderly or disabled may be present in the massage therapy room with that elderly or disabled person.

A list of services available and the cost of such services shall be posted in an open and conspicuous public place on the premises. The services shall be described in English and may be described in other languages as necessary. No massage establishment operator shall permit, and no person employed or retained by a massage establishment shall offer to perform any services or request or demand fees other than those posted.

The massage establishment shall keep on the premises a complete and current roster of all owners, operators, and managing employees of the massage establishment and all massage professionals and other persons employed or retrained by the massage establishment. The roster shall include the name, residence address, and phone number of each individual. The roster shall be available for inspection by city officials charged with the enforcement of this chapter.

# MASSAGE ESTABLISHMENT APPLICATION

## PHYSICAL FACILITY, BUILDING AND FIRE-CODE REQUIREMENTS

**Except as otherwise specifically provided in the chapter, the following facility and building code requirements shall be applicable to all massage establishments within the city:**

Main entry doors and reception and waiting area are required. One main entry door shall be provided for patron entry to the massage establishment, which shall open to an interior patron reception and waiting area immediately.

All patrons and any persons other than individuals employed or retained by the massage establishment shall be required to enter and exit through the main entry door.

Unless the massage establishment is a sole proprietorship or a home occupation with one or no other employees, the main entry door shall be unlocked at all times during business hours.

No massage establishment located in a building or structure with exterior windows fronting a public street, highway, walkway or parking area shall block visibility into the interior reception and waiting area through the use of curtains, closed blinds, tints, or any other material that obstructs, blurs or unreasonably darkens the view into the premises.

All interior doors, including massage therapy rooms or cubicles, but excluding dressing rooms, showers, and toilet rooms, shall be incapable of being locked and shall not be blocked to prevent opening. Draw drapes, curtain enclosures, or accordion-pleated closures in lieu of doors are acceptable on all inner massage therapy rooms or cubicles.

Minimum lighting equivalent to at least one forty-watt light shall be provided in each massage therapy room or cubicle.

Beds, floor mattresses, and waterbeds are not permitted on the premises of the massage establishment, and no massage establishment shall be used for residential or sleeping purposes, which may be shown by circumstantial evidence such as the presence of bedding, pillows, sleeping bags, suitcases, clothing, toiletries or other personal belongings, cooking appliances, utensils or food in excess of a business establishment's normal requirements.

The massage establishment shall comply with all applicable state and local building and fire codes.

# MASSAGE ESTABLISHMENT APPLICATION

## **HEALTH AND SAFETY REQUIREMENTS**

The massage establishment shall at all times be equipped with an adequate supply of clean and sanitary towels, coverings and linens. All towels and linens shall be stored in closed clean cabinets.

No alcoholic beverages shall be sold, served, or furnished to any patron; nor shall any alcoholic beverages be kept or possessed on the premises of a massage establishment.

No invasive procedures shall be performed on any patron. Invasive procedures include, but are not limited to:

- Application of electricity that contracts the muscle
- Penetration of the skin by needles
- Abrasion of the skin below the nonliving, epidermal layers
- Removal of skin by means of any razor-edged instrument or other device or tool
- Use of any needle-like instrument for the purpose of extracting skin blemishes
- All other similar procedures

### **ATTIRE AND PHYSICAL HYGIENE**

No person shall dress in:

- Attire that is transparent, see-through, or substantially exposes the person's undergarments
- Swim attire, unless providing a water-based massage modality approved by the CAMTC
- A manner that exposes the person's chest, breasts, buttocks, or genitals
- A manner that constitutes a violation of Section 31 of the California Penal Code- Indecent Exposure

No massage establishment operator, employee, or visitor shall, while on the premises of a massage establishment or while performing any outcall massage service, and while in the presence of any patron, customer, employee or visitor, expose his or her chest, breast buttocks or genitals.

### **DISPLAY OF PERMIT AND CERTIFICATIONS**

The massage establishment permit shall be displayed in an open and conspicuous place on the premises visible from the main entry door and/or reception and waiting area of the massage establishment.

Each person employed or retained by a massage establishment to perform massage in or on the premises or through an outcall massage service shall display on his or her person the valid current photograph bearing identification card issued to that employee by the CAMTC. A copy of each such identification card and the person's original CAMTC certificate shall also be displayed in an open and conspicuous place visible from the main entry door and/or reception and waiting area of the massage establishment.

### **HOME OCCUPATION AND OUTCALL-ONLY BUSINESS EXEMPTIONS**

Where a certified massage establishment is a home occupation, and the operator must comply with the provisions of Visalia Municipal Code Section 17.32.030 (Home Occupation Permits)

## **PLANNING & COMMUNITY PRESERVATION DEPARTMENT**

315 E. Acequia Ave, Visalia CA 93291 • 559-713-4441

[www.visalia.gov](http://www.visalia.gov)

# MASSAGE ESTABLISHMENT APPLICATION

## MASSAGE ESTABLISHMENT INSPECTIONS

The inspector shall have the right to enter any massage establishment, other than an establishment providing out call only services, during regular business hours, without a search or inspection warrant, to make reasonable inspections to ascertain whether there is compliance with the provisions of this chapter.

The massage establishment operator shall take immediate action to correct each violation noted by the inspector. A reinspection will be conducted to ensure that each violation noted by the inspector has been corrected.

For the purpose of enforcing the requirements of this chapter, all owners and operators of the massage establishment shall be jointly and severally responsible for the conduct of all massage establishment employees, agents, independent contractors, or other representatives while such persons are on the premises of the massage establishment or providing outcall massage services on behalf of the massage establishment.

The City may suspend or revoke the massage permit, and the massage establishment shall immediately cease operation. Additionally, the City may order no other massage establishment shall be permitted to operate on that parcel by any person for a period of not less than five (5) years. If the operator is not also the legal owner of the property, notice of the revocation and five-year prohibition shall be provided the owner of record of the property.

The City may not renew a massage establishment permit until and until all due and unpaid citations issued are paid in full and all outstanding violations have been corrected.

### REVOCATION OR SUSPENSION

All massage establishment operators shall be deemed to know and understand the requirements and prohibitions of this chapter. Any massage establishment permit issued may be suspended or revoked when it has been determined that the permittee or any person employed or retained by the massage establishment has violated any provision of VMC 5.68.

## APPLICATION FOR MASSAGE ESTABLISHMENT PERMIT

I have read and understand the provision of Visalia Municipal Code Chapter 5.68, Massage Establishments and Massage Therapists and will abide full with those provisions, including but not limited to those listed below:

*Please initial each item*

\_\_\_\_\_ CAMTC (California Massage Therapy Council) Certification is required for all individuals who practice massage therapy in the City of Visalia.

\_\_\_\_\_ Massage therapists must always wear a valid and current CAMTC identification badge while performing massage services.

## PLANNING & COMMUNITY PRESERVATION DEPARTMENT

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# MASSAGE ESTABLISHMENT APPLICATION

## APPLICATION FOR MASSAGE ESTABLISHMENT PERMIT (CONTINUED...)

I have read and understand the provision of Visalia Municipal Code Chapter 5.68, Massage Establishments and Massage Therapists and will abide full with those provisions, including but not limited to those listed below:

*Please initial each item*

A current list of all owners, managers, massage therapists and employees (including full names, addresses, phone numbers) shall always be on the premises.

I must apply for an amended permit whenever the information contained in the original permit application changes, including addition or removal of employees.

As a massage establishment owner, I am responsible for the conduct of all massage establishment employees, agents and other representatives when such persons are on the premises of the massage establishment or providing outcall massage services on behalf of the establishment.

## CERTIFICATION

I hereby certify under penalty of perjury that the information, omission of requested information, or failure to meet the conditions established herein will subject this application to disapproval or subsequent revocation or suspension.

I do hereby authorize the City of Visalia, its agents and employees, to seek information and conduct an investigation into the truth of the statements set forth in this application and my qualifications for the requested Massage Establishment Permit.

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BUSINESS OWNER NAME (PRINT)

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BUSINESS OWNER SIGNATURE

---

DATE

---

BUSINESS OWNER NAME (PRINT)

---

BUSINESS OWNER SIGNATURE

---

DATE

---

BUSINESS OWNER NAME (PRINT)

---

BUSINESS OWNER SIGNATURE

---

DATE

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