

City of Carpinteria

5775 Carpinteria Avenue, Carpinteria, CA 93013-2697 805-684-5405 Ph
805-684-5304 Fax



Massage Establishment Permit Application Requirements

The following checklist constitutes the requirements of a complete application. These items will not be accepted separately. To ensure that your application is processed in a timely manner, please submit all required information with your completed application.

Massage Establishment Permit Submittal Requirements

1. Completed Application Form
 - a. If the applicant is a corporation, the name of the corporation shall be set forth exactly as shown in its articles of incorporation or Charter together with 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 five percent of the stock of that corporation.
 - b. If the applicant is a partnership, the application shall set forth the name and residence address of each of the partners, including limited partners. If the applicant is a limited partnership, it shall furnish a copy of its certificate of limited partnership as filed with the county clerk. If one or more of the partners is a corporation, the provisions of this subsection pertaining to corporate applicants shall apply.
2. Acceptable written proof that the applicant is at least eighteen years of age.
3. A Department of Justice (DOJ) "Live Scan" or Background Investigation will be required. Contact the Code Compliance Supervisor if you are responsible for this requirement. All fees associated with this requirement are the responsibility of the applicant and are processed via DOJ.
4. Two prints of a recent passport-sized photograph of the applicant.
5. Payment of fees as follows:

Application Fee (paid upon application submittal & is nonrefundable)	\$500.00
Renewal Fee (paid annually to maintain permit)	\$420.00

If you require any assistance in completing this submittal, please contact Silvia Echeverria, Code Enforcement Supervisor, at (805) 684-5405, ext. 408.

City of Carpinteria

5775 Carpinteria Avenue, Carpinteria, CA 93013-2697 805-684-5405 Ph
805-684-5304 Fax



Massage Establishment Permit Application

Date of Application _____

Please Note: The following information must be provided for all incorporations and partnerships. Please attach a separate sheet.

If the applicant is a corporation, the name of the corporation shall be set forth exactly as shown in its articles of incorporation or Charter together with the state and date of incorporation and the names and residence addresses of each of its current officers and directors, and each stockholder holding more than five-percent of the stock of that corporation. If the applicant is a partnership, the application shall set forth the name and residence address of each of the partners, including limited partners. If the applicant is a limited partnership, it shall furnish a copy of its certificate of limited partnership as filed with the county clerk.

Full True Name of Business _____

Business Address _____ Phone _____

Full True Name of Applicant _____

Other Names of Applicant _____

Date of Birth _____ CA Driver's License _____

Residence Address _____ Phone _____

Business/Occupation/Employment History for the Past 5 Years (include dates of each) Address and Phone

List your permit history, including any vocational or professional permits and/or licenses issued by any agency, board, city, county, territory or state; the date of issuance; whether the permit/license was revoked or suspended, and the reason therefore. Include photocopies of each.

List all convictions for any crime involving conduct which requires registration under any state law similar to and including California Penal Code Section 290, or of conduct which is a violation of the provisions of any state law similar to and including California Penal Code Sections 314, 315, 316, 318, 647, or any crime involving dishonesty, fraud, deceit, or moral turpitude.

Describe below all services to be provided.

List the name and address of any massage business or other like establishment owned or operated by any person whose name is required to be given pursuant to this section wherein the business or profession of massage is conducted. Include extra sheets if necessary.

Name of Establishment	Owner/Operator	Address	City/State/Zip	Phone
-----------------------	----------------	---------	----------------	-------

Name of Establishment	Owner/Operator	Address	City/State/Zip	Phone
-----------------------	----------------	---------	----------------	-------

Name of Establishment	Owner/Operator	Address	City/State/Zip	Phone
-----------------------	----------------	---------	----------------	-------

Name of person designated by the applicant, corporation or partnership to act as its responsible managing officer in charge of the premises.

Name	Address	City/State/Zip	Phone
------	---------	----------------	-------

Give below a complete description of any other business to be operated on the same premises, or on adjoining premises, owned or controlled by the applicant.

You are required to submit a Live Scan Service application and provide two passport pictures.

Give the name and address of the owner and lessor of the real property upon or in which the business is to be conducted. In the event the applicant is not the legal owner of the property, a copy of the lease and a notarized acknowledgment must accompany the application from the owner of the property that a massage establishment will be located on his/her property.

Owner Name	Address	City/State/Zip	Phone
------------	---------	----------------	-------

Lessor Name	Address	City/State/Zip	Phone
-------------	---------	----------------	-------

With my signature below, I hereby authorize the City, its agents and employees to seek information and conduct an investigation into the truth of the statements set forth in the application and the qualifications of the applicant for the permit.

Signature

Print Name

Date

+

+

=

Application Fee

Start-Up Fee

Business Tax

Total

Receipt No.

Staff Initials