



## **CITY OF SAN CLEMENTE | BUSINESS LICENSE DIVISION**

910 Calle Negocio

San Clemente, CA 92673

Phone: (949) 361-6166

Email: [businesslicense@san-clemente.org](mailto:businesslicense@san-clemente.org)

## **APPLICATION FOR MASSAGE ESTABLISHMENT BUSINESS LICENSE**

### **REQUIREMENT FOR LICENSE**

A Massage Establishment Business License is required for all businesses at fixed locations within the city that provide massage services as defined within Chapter 5.28 of the San Clemente Municipal Code. It is unlawful for any person to operate or conduct a massage business or to permit a massage establishment to be operated or conducted, in or upon any premises within the city, or to render a massage or permit a massage to be rendered within the City at any location not licensed as a massage establishment, in accordance with the provisions set forth in Chapter 5.28 of the San Clemente Municipal Code.

The following are not required to obtain a Massage Establishment Business License, but must obtain a Business License:

1. Sole Providers of massage in compliance with the California Massage Therapy Act. Sole providers are defined as a massage business where the owner owns 100 percent of the business, is the only person who provides massage services for compensation, and has no other employees, certified massage technicians, massage technicians, or independent contractors. *Note: A CUP is required.*
2. Accessory Massage Establishments. A separate Massage Establishment Business License, in addition to the Business License required for the primary business, shall not be required for accessory massage establishments in compliance with Chapter 5.28. An accessory massage establishment is defined as an establishment that provides massage which is incidental to the primary business, where the owner of the primary business is responsible for the massage services and conduct of the massage technician(s) employed at the location. *Note: An MCUP is required.*

### **MASSAGE ESTABLISHMENT BUSINESS LICENSE EXPIRATION AND RENEWAL**

Each Massage Establishment Business License shall expire after one (1) year from the date of issuance of the license unless renewed. The licensee requesting renewal of its Massage Establishment Business License is required to file an application for renewal with the City Manager at least ninety (90) calendar days prior to the scheduled expiration of the license. The renewal application is required to provide all information required under Section 5.28.050, Application filing and content (as described in this packet), and must also state that the licensee is currently operating under a Massage Establishment Business License, the location of the massage establishment, and the scheduled date for expiration of the license for which the licensee is seeking renewal.

### **ADDITIONAL REQUIREMENTS**

In addition to the requirements set forth in Chapter 5.28 of the San Clemente Municipal Code regarding an application for a Massage Establishment Business License, Massage Establishments are also required to obtain a Conditional Use Permit, in compliance with Section

17.28.185 of the San Clemente Municipal Code. Accessory Massage Establishments must obtain a Minor Conditional Use Permit.

## **APPLICATION CONTENT**

All applications for a Massage Establishment Business License shall contain:

1. A completed Massage Establishment Business License Application Form (provided on pages 6-8 of this packet).
2. A list that describes every applicant for a license, whether an individual or combination of individuals, and each partner or limited partner of an applicant, if a partnership applicant, and every officer, director, and each stockholder holding ten percent or more of the stock of a corporate applicant, and includes the following information:
  - a. The full name, date of birth, current residential address, business address, and telephone numbers,
  - b. California driver's license number or California identification number and social security number or resident alien number, if any,
  - c. Any other names or aliases, including nicknames, used within five years of the date of filing the application,
  - d. Each residence and business address for the five years immediately prior to the date of filing the application, and the inclusive dates of each such address,
  - e. Written proof that the applicant is over the age of eighteen years,
  - f. The applicant's height, weight and color of eyes,
  - g. Two portrait photographs at least two inches by two inches and shall have been taken within sixty days prior to filing the application,
  - h. The massage or similar business license or permit history of the applicant, whether such person, in previously operating in this or another city or state under license or permit, has had such license or permit revoked or suspended and the reason therefor; and the business activity or occupation subsequent to such action of suspension or revocation,
  - i. The name and address of any massage business or other establishment currently owned or operated by the applicant wherein the business of massage is conducted,
  - j. Any conviction, forfeiture of bond, or plea of nolo contendere upon any criminal violation or city ordinance violation (except minor traffic violations), within a five-year period, and, if so, the place and court in which such conviction, plea or forfeiture was heard, the specific charge, and the sentence imposed as a result thereof,
  - k. Whether the applicant has ever been convicted of any crime specified in Section 51032 of the Government Code and, if so, the circumstances thereof and the sentence therefor, and
  - l. The applicant shall be required to furnish fingerprints for the purpose of establishing identification, and verify through a background check the information provided in the application is true and correct. Any required fingerprinting fee will be the responsibility of the applicant. Please refer to the Live Scan service request form on

the last page of this application packet for information about where to have this service performed.

3. A description of the service(s) to be provided.
4. A description of any other business to be operated on the same premises or on adjoining premises owned or controlled by the applicant.
5. A complete list of the names, including any pseudonym, alias(es), alternate name(s), or nickname(s), and residential addresses of all massage technicians, employees, independent contractors and attendants in the business; the name and residential address of the operator, manager or other person principally in charge of the operation of the business; and the names and residential addresses of all principals of the business.
6. The name and address of the record owner and lessor of the real property upon or in which the massage establishment is to be conducted, and a copy of the lease or rental agreement.
7. The name(s) of person(s) having the management or supervision of the applicant's massage establishment.
8. Written authorization for the city, its agents and employees, to seek information and conduct an investigation in to the truth of the statements set forth in the application and the qualifications of the applicant for the permit.
9. A sketch or diagram showing the complete interior configuration of the business, including without limitation the location of the restrooms, massage rooms, customer areas, employee only designated areas, and any facility requirements as identified in Section 17.28.185, Massage Establishments, of the San Clemente Municipal Code. The sketch or diagram need not be professionally prepared, but it must be drawn to a designated scale, with marked dimensions of the interior of the premises to an accuracy of plus or minus six inches.
10. A Site Plan that includes:
  - a. Location and vicinity map
  - b. Precise legal description
  - c. A north arrow, preferably oriented to the top of the sheet, and a legend identifying any symbols.
  - d. Subject property dimensions, lot lines and size of site in square feet or acres
  - e. Existing and proposed land use
  - f. Existing land uses of neighboring properties
  - g. Indicate existing structures with solid lines
  - h. Distance between structures on the subject site
  - i. Distance from structures to front, side and rear property lines and show required setbacks
  - j. All on-site parking and circulation facilities, including aisles, curb cuts, driveways, loading zones, standard and handicap parking stalls
  - k. Path of travel from public way and handicap parking stalls to primary entrance(s)
  - l. Location of any proposed and existing freestanding signage
  - m. Location, height and composition of all walls and fences
  - n. Location and dimensions of all trash enclosures, including wall and gate materials
  - o. Table Indicating:
    - i. Square footage of lot
    - ii. Parking breakdown by use

- iii. Square footage of structures
  - iv. Occupancy classification, construction type, building height, number of stories
  - v. Whether existing structure(s) has/have fire sprinklers
11. A notarized statement signed by the applicant, the massage business owner, property owner, and property manager, if applicable, acknowledging that the signatories shall be responsible for the conduct of all employees, massage technicians and independent contractors working on the premises of the massage establishment and that failure to comply with California Business and Professions Code Section 4600 et seq., with any local, state, or federal law, or with the provisions of this chapter or Title 17 may result in (1) the revocation of all City-issued license(s) and permit(s) related to, and for the purpose of conducting the massage business, and (2) civil, administrative, or criminal penalties. The signed statement shall include the acknowledgement that violations of this code, or any other local, county, state, or federal codes or regulations leading to a business license revocation will result in prohibition of a massage establishment in the same location (e.g. suite, tenant space) for two years from the date of said revocation..
  12. If the applicant is a natural person, that person shall sign the application under penalty of perjury. If the applicant is other than a natural person, a partner, officer, director, major shareholder or major interest holder of the legal entity shall sign the application under penalty of perjury.
  13. If the applicant does not own the lot or parcel on which the massage business will operate, the owner shall consent to the filing of the application by signing and dating the application.
  14. Such other identification and information as may be necessary to verify the truth of the matters hereinabove specified as required to be set forth in the application.
  15. Photographs of the subject site and surrounding properties and photographic location map. The photographic location map is an aerial map that shows the direction and location where each photograph was taken.
  16. Any additional application and material requirements specified in the City handout for the Massage Establishment license application.
  17. A copy of the resolution of approval for the operation of a massage use at the proposed massage establishment location, if required by Section 17.28.185 of the San Clemente Municipal Code.
  18. All applicable fees.

# Application Checklist

(to be completed by Business License Division)

Application Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ File Number: \_\_\_\_\_

Received By: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Fees: \_\_\_\_\_ Related File(s): \_\_\_\_\_

	Submitted	Not Submitted	Not Required
<b>Completed Application</b>			
Massage Establishment Business License	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application (Form)			
Property Owner Approval (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applicant Description (List)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identification (DL, ID)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photographs (Two 2" x 2")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CAMTC Certifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fingerprints (New establishments only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Description of Services (Letter)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management Description (List)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Description (List)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CAMTC Certifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identification (DL, ID)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Property Owner Description (List)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signed & Notarized Statement of Responsibility (Letter)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Signed CUP Resolution (if required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Plans and Related Information</b>			
Detailed site plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floor plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photographs and Photographic Location Map	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Additional Requirements, if necessary</b>			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# MASSAGE ESTABLISHMENT

CITY OF SAN CLEMENTE  
 BUSINESS LICENSE APPLICATION  
 910 CALLE NEGOCIO  
 SAN CLEMENTE, CA 92673

PLEASE CONTACT THE BUSINESS  
 LICENSE OFFICE FOR FILING  
 INSTRUCTIONS AT:  
**(949) 361-6166**  
[businesslicense@san-clemente.org](mailto:businesslicense@san-clemente.org)

## GENERAL INFORMATION (All fields must be filled in. If one field does not apply, write "N/A")

Business Name:		Business Phone No.:		
Owner/Entity (List All Officers and Titles, include additional names on separate sheet):		Alternate Phone No.:		
		Email Address:		
Business Address:	Street:	City:	State:	ZIP:
Mailing Address:	Street:	City:	State:	ZIP:
Type of Ownership: <input type="checkbox"/> Sole Ownership <input type="checkbox"/> Partnership <input type="checkbox"/> LLP <input type="checkbox"/> Corporation <input type="checkbox"/> LLC				
Application Is For: <input type="checkbox"/> New Business <input type="checkbox"/> Change of Address, Ownership, or Business Name to Existing Business (Provide Details in Box Below)				
Write Previous Address, Ownership, or Business Name:				
Today's Date:		Business Start Date:		
Type of Business (Be Specific):				
FEIN:		SSN:	State Sales Tax ID:	

## ACKNOWLEDGMENT TO BE COMPLETED BY OWNER(S) OR PRINCIPAL OFFICER(S)

I, the undersigned, understand that before I can operate my business in San Clemente, the establishment must comply with all applicable City departmental laws and regulations completely and must receive all necessary Federal, State and local permits. I also understand that a Business Tax Certificate issued pursuant to the provisions of San Clemente Municipal Code Title 5 - Business Licenses and Regulations, constitutes a receipt for the business tax paid and shall have no other legal effect. **A Business Tax Certificate is a requirement, not a permit, to conduct, manage or carry on any business activity in the City. I declare that I am authorized to complete this application and that the information and statements provided are true and correct, under penalty of perjury.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Print Name/Title: \_\_\_\_\_

## FOR OFFICE USE ONLY

Business No.:		Received By:		Date Received:	
Business Tax:	Processing Fee:	Penalty Fee:	<b>Total Due:</b>		
\$	\$	\$	\$		
Planning:	Building:	Water Quality:	Sewer:	Fire:	Health:



## Business License

Phone (949) 361-6166 Fax: (949) 361-8281

## Massage Establishment Business License Application

Please complete, sign reverse and return with application and remittance. Incomplete applications will not be reviewed and may be returned to the applicant.

Business Name: \_\_\_\_\_ Business License Number: \_\_\_\_\_

Business activity: \_\_\_\_\_

*(i.e. retail, wholesale, office, medical office, restaurant, manufacturing, assembly, etc.)*

Hours of operation: \_\_\_\_\_ Number of employees: \_\_\_\_\_

Types of vehicles involved with business: \_\_\_\_\_

*(i.e. auto, trailer, oversized, etc.)*

Number of company vehicles involved with business: \_\_\_\_\_

Zoning designation of subject property: \_\_\_\_\_

*(i.e. NC1, NC2, etc.) (Contact Planning Division for this information at 949-361-6100)*

Does this zone require a Use Permit for your business?  Yes  No

*(If yes or unsure, contact Planning Division)*

Are you located in a multi-unit building?  Yes  No

What was the previous business in your building? \_\_\_\_\_

*(Contact leasing agent or property owner for this information.)*

Number of off-street parking spaces required for your business: \_\_\_\_\_

*(Contact Planning Division at 949-361-6100 for this information.)*

Number of parking spaces provided on-site: \_\_\_\_\_

Have you applied for an Administrative Sign Permit?  Yes  No

*(Contact Planning Division at 949-361-6100 for more information on signs.)*

Will you be using a Temporary Banner?  Yes  No

*(Contact Planning Division at 949-361-6100 for more information on banners.)*

Do you plan any interior tenant improvements for this building?  Yes  No

*(Contact Building Division at 949-361-6100 for more information.)*

Do you plan any exterior modifications to the building?  Yes  No

*(i.e. paint, roof equipment, awnings, window replacement, etc.)*

*(Contact Planning Division at 949-361-6100 for more information)*

A commercial business must be inspected and approved by the designated code enforcement agencies before a business license certificate will be issued. Operating a business without your San Clemente Business Certificate prominently displayed is illegal and can result in a civil/criminal action.

A Business License Inspection will automatically begin shortly after the date your business has opened. You do not need to initiate your inspection. If the opening date listed on your application has changed, please notify our office immediately and call the inspection line listed below.

Building Division Inspection Line (949) 498-3129  
(Leave a message indicating date, name of business, business license number and location.)

Orange County Fire Authority (714) 573-6133

I have read the inspection requirements.

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*Applicant's Signature*



# APPLICATION PROCESS

## Application Submittal

To assure that your project is reviewed as expeditiously as possible, please submit a complete package as summarized above. An incomplete application will delay the processing of your Massage Establishment Business License. If you have questions regarding this application, what documents are needed, or what constitutes a complete application, please contact Business License staff.

## Application Review

Each application for a Massage Establishment Business License will be reviewed to ensure that the application is consistent with the San Clemente Municipal Code. As part of this review, any applicant for a license may be required to personally appear at the city and produce proof to the Planning Division that the nonrefundable application fee has been paid to the city together with any additional fees required for additional applicants, and then provide a complete application as described above.

A Massage Establishment Business License application review is initiated when the City Manager, or designee, receives a complete application package including the required information and materials specified in the San Clemente Municipal Code, and any additional information required during the review of the existing or proposed establishment.

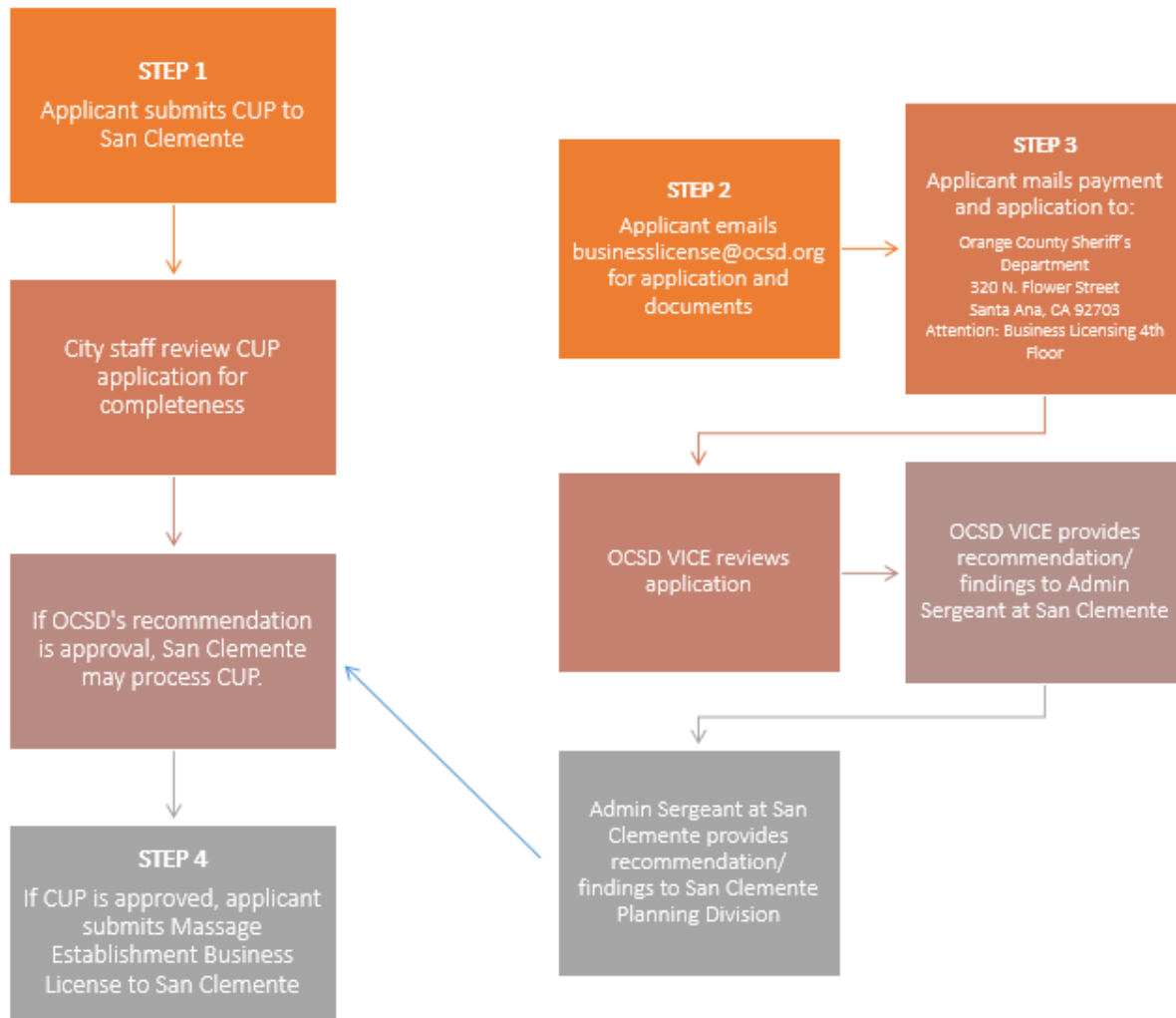
**NEW BEGINNING 2021: Police Services review is required. Applicants must obtain a massage license from Orange County Sheriffs Department.**

Upon receipt of a complete application, the staff will review the application to ensure accuracy of the application materials, and whether the application meets the requirements for a Massage Establishment Business License, the requirements of Section 17.28.185, Massage Establishments, of the San Clemente Municipal Code, and any other related code or policies. During the course of the review process, the review authority may require the submittal of additional information:

- a. The applicant shall be notified in writing of any revisions or additional information required and shall submit the requested information to the City Manager within 90 days after the date of the notice or within the period designated by the review authority.
- b. Failure to submit the required information within the 90-day period or within the period of time designated by the review authority shall be cause for denial.

On-site inspection. An application for a Massage Establishment Business License may require City staff to perform an on-site inspection of the subject premises before confirming that the request complies with all the applicable criteria set forth in the San Clemente Municipal Code, and any other related code or policies.

## Steps for New Massage Establishments



## Steps to Renewal Massage Establishment Permits

