



City of Loma Linda Community Development Department

25541 Barton Road, Loma Linda, CA 92354 ☎ (909)799-2830 📠 (909) 799-2891

MESSAGE ESTABLISHMENT APPLICATION CERTIFICATE OF OPERATION/OPERATOR'S PERMIT

Submit application with appropriate fee. Check is payable to "City of Loma Linda". If you prefer to pay by credit card, staff will collect payment after submittal. Please note, Livescan and business license are separate from the planning application fee.

FOR OFFICE USE ONLY

Date Filed: _____ Project Case #: _____

Prior to completing this application, review the City's Massage Establishment Ordinance (Municipal Code Chapter 5.24). It is available on the City's website or go to the following link:

https://library.qcode.us/lib/loma_linda_ca/pub/municipal_code/item/title_5-chapter_5_24?view=all#title_5-chapter_5_24-article_ii

SECTION 1 – APPLICANT CONTACT INFORMATION

Applicant/Primary Contact (Name): _____

Address: _____ City: _____ State & Zip: _____

Phone: _____ Email: _____

Owner of Record (Name): _____

Address: _____ City: _____ State & Zip: _____

Phone: _____ Email: _____

Business Info (Business Name): _____

Business Address: _____ City: _____ State & Zip: _____

Business Phone: _____ Email: _____

Hours and Days of Operation: _____

SECTION 2 - APPLICANT'S DATA

Date of Birth: ____/____/____ Social Security Number: ____-____-____

Place of Birth: _____
City State Zip Country

List any aliases and fictitious names used by applicant within the last 10 years:

Alias Alias Alias

Alias Alias Alias

Explain any listed aliases within the last 10 years: _____

List all residential addresses for a minimum of 10 years and dates of residence (use additional sheets if necessary):

Address	Dates of Residence
Address	Dates of Residence
Address	Dates of Residence

List all business names and addresses for a minimum of 10 years and dates (use additional sheets if necessary):

Business Name: _____ **Dates Opened:** _____

Address: _____ Suite: _____

City: _____ State: _____ Zip Code: _____

Reason for Revocation or Suspension (if applicable): _____

Business Name: _____ **Dates Opened:** _____

Address: _____ Suite: _____

City: _____ State: _____ Zip Code: _____

Reason for Revocation or Suspension (if applicable): _____

List all criminal convictions within the last 10 years, excluding minor traffic violations, date and place of each such conviction and reason therefore (use additional sheets if necessary)

Date	Conviction	Place of Conviction
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Reason for Conviction (if applicable): _____

Date	Conviction	Place of Conviction
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Reason for Conviction (if applicable): _____

SECTION 3 - CERTIFICATE OF OPERATION SUBMITTAL REQUIREMENTS

In accordance with Loma Linda Municipal Code, Chapter 5.24 "Massage Establishments", at the time of application submittal, applicants must submit a copy of the following documents:

- Copy of the signed property lease.
- Notarized acknowledgement from the property owner acknowledging that a massage establishment will be located on his/her property.
- Receipt of fingerprints (Livescans) taken for criminal history background by Loma Linda law enforcement.
- Building Floor Plan prepared to scale. Show entrances, exists, windows, interior doors, restrooms, indicate all rooms with dimensions, including closets, break rooms, changing rooms, location of massage tables and chairs, signage, including business information on plan.
- Personnel List that includes a complete list of all massage technicians working at the site, along with a copy of their CAMTC certificate and a valid CA ID or driver's license. The owner, operator and all managers must be on this list. Copies of their photo identification shall be included too.
- Copy of approved San Bernardino County Department of Public Health permit. Applicants must provide health clearances issued by the San Bernardino County Department of Public Health Officer. These

clearances must be dated within **thirty (30) days** of submitting the application and must certify that the applicant is free of infectious or communicable diseases. Contact your nearest San Bernardino County Dept. of Public Health Clinic for further information, or call 1-800-422-2283

SECTION 5 – SIGNATURE FOR CERTIFICATE OF OPERATION

I acknowledge that by applying for a Certificate of Operation of a Massage Establishment, I understand that I am responsible for all violations of employees or independent contractors that may take place in the massage establishment which you own or manage, and that any such violations are grounds for revocation of the Certificate of Operation and Operator’s Permit.

Print Name (Applicant)	Signature	Date
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SECTION 6 - APPROVALS REQUIRED FOR OPERATION PERMIT (LAND USE PERMIT)

Approvals are required from the departments listed below prior to submitting the application to the Community Development Department. These departments may require fees in addition to those fees required by the Community Development and Finance Department.

	<u>APPROVAL</u>	<u>DATE</u>
1. Planning Division (<i>last signature</i>) _____ 909-799-2830	_____	_____
2. Building and Safety Division _____ 909-799-2836 (Office hours: 8-10 am)	_____	_____
3. Public Works Department _____ 909-799-4410 (Notice Only – No Plans)	_____	_____
4. Utilities Department _____ 909-799-4420	_____	_____
5. Fire Inspector – Public Safety _____ 909-799-2859, 909-799-2853	_____	_____
6. Sheriff’s Department _____	_____	_____
7. County Health Department _____ 800-442-2283 <i>Please attach a copy of the approved County Health Permit</i>	<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED	_____

A County Health Permit is required. A copy of the County’s Massage Clinic Self-inspection Checklist can be found online: <http://www.sbcounty.gov/uploads/dph/dehs/Depts/EnvironmentalHealth/EHSDocuments/MassageClinicSelfInspectionChecklist.pdf>

SECTION 7 - MESSAGE TECHNICIAN FORM

Required for each massage technician, practitioner or therapist working at the massage establishment. Make copies as needed. Form will be attached and filed with the Operation Permit (Massage Establishment Land Use Permit) on file.

Technician's Name: _____

Home Address: _____ APT.: _____

Phone Number: _____

Technician's Signature: _____ Date: _____

Business Name: _____

Business Address: _____ STE: _____

Business Owner Name: _____

Business Phone: _____

Business Owner's Signature: _____ Date: _____

PLEASE SUBMIT A COPY OF THE FOLLOWING DOCUMENTS WITH EACH TECHNICIAN'S FORM:

- Copy of valid and current California Massage Therapy Council (CAMTC) certificate.
- A photo of the technician (minimum 3 inches by 3 inches taken within the last 6 months).
- A copy of the technician's valid CA ID or driver's license.

Please note: A separate Business License might be required for each technician. Once the Operator's Use Permit and the completed Technician's Form is received, staff will review and make a determination.

* FOR OFFICE USE ONLY *		
	<u>APPROVAL</u>	<u>DATE</u>
Planning Division 909-799-2830	_____	_____
Code Enforcement 909-799-2830	_____	_____
Building and Safety Division 909-799-2836 (Office hours: 8-10 am)	_____	_____
