



# CITY OF RANCHO SANTA MARGARITA

22112 El Paseo  
Rancho Santa Margarita, CA 92688  
Development Services Phone (949) 635-1807 #6704

## MESSAGE ESTABLISHMENT PERMIT APPLICATION

- CHECK HERE IF NEW APPLICATION
- CHECK HERE IF RENEWAL APPLICATION

Complete the following application and submit with the required documentation to Rancho Santa Margarita Development Services.

The Massage Establishment Ordinance is available on the City's website at [www.cityofrsm.org](http://www.cityofrsm.org).

NOTE: Massage establishment includes any business conducted within the City where any person engages in, conducts, carries on, or permits to be engaged, conducted or carried on for money or any other consideration, including but limited to, showers, baths, wet and dry heat rooms, pools and hot tubs as defined in RSMMC Section 4.02.020.

### PART 1 - Information about the massage establishment:

#### **NAME & ADDRESS OF MESSAGE ESTABLISHMENT**

Business Name		
Business Address		
City	State	ZIP
Phone Number(s)	Fax Number	

#### **BUSINESS DESCRIPTION AND FACILITIES**

Describe the proposed place of business and its facilities.

#### **PRODUCTS & SERVICES PROVIDED**

Describe all products and exact nature of all massage treatments to be administered to customers of the business.

#### **HOURS OF OPERATION (List below)**

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

**PROPERTY OWNER/LEASE AGREEMENT INFORMATION**

Name and address of property owner and lessor of the Real Property where the business is to be conducted. If applicant is not legal owner, a copy of the lease and a notarized acknowledgment from the owner that a massage establishment will be located on his/her property is required.

Name	Phone		
Address	City	State	Zip

**TYPE OF OWNERSHIP OF THE BUSINESS**

Type of Business Ownership	<input type="checkbox"/> Corporation	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership or LLC's	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other:
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<b>FOR CORPORATIONS</b> Name of one officer who will act as managing officer					
Last Name		First Name		Middle Name	
Name exactly as shown in the articles of incorporation or charter:					
State of Incorporation		Corporation Number		Date of Incorporation	
List names and residence addresses of each current officer, director, and stockholder holding more than 5% of the corporation stock					
Last Name		First Name		Middle Name	
Alias or Maiden Name		Drivers License Number		<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder	
Residence Address					
City		State	ZIP	Phone	
Last Name		First Name		Middle Name	
Alias or Maiden Name		Drivers License Number		<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder	
Residence Address					
City		State	ZIP	Phone	
Last Name		First Name		Middle Name	
Alias or Maiden Name		Drivers License Number		<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder	
Residence Address					
City		State	ZIP	Phone	
Last Name		First Name		Middle Name	
Alias or Maiden Name		Drivers License Number		<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Stockholder	
Residence Address					
City		State	ZIP	Phone	

<b>FOR PARTNERSHIPS, LIMITED PARTNERSHIPS AND LLC'S</b> Name of one general partner or LLC member who will act as managing officer				
Last Name		First Name		Middle Name
Name of Business as it appears on Fictitious Name Statement				
List names and residence addresses of each partner or LLC member, including any limited partners. If it is a limited partnership or LLC, you must provide a copy of the certificate of limited partnership or LLC filed with the Secretary of State. If one or more of the partners or members is a corporation, include all corporate information outlined above for each corporation.				
Last Name		First Name		Middle Name
Alias or Maiden Name		Drivers License Number	<input type="checkbox"/> Partner <input type="checkbox"/> Member	
Residence Address				
City		State	ZIP	Phone
Last Name		First Name		Middle Name
Alias or Maiden Name		Drivers License Number	<input type="checkbox"/> Partner <input type="checkbox"/> Member	
Residence Address				
City		State	ZIP	Phone
Last Name		First Name		Middle Name
Alias or Maiden Name		Drivers License Number	<input type="checkbox"/> Partner <input type="checkbox"/> Member	
Residence Address				
City		State	ZIP	Phone
Last Name		First Name		Middle Name
Alias or Maiden Name		Drivers License Number	<input type="checkbox"/> Partner <input type="checkbox"/> Member	
Residence Address				
City		State	ZIP	Phone

<b>For Sole Proprietorships Only</b> (You, the Applicant, must be the Sole Proprietor to submit this Application)
Name of Business as it appears on Fictitious Name Statement

## PART 2 - Information about the individual applicant or managing officer :

### **NAME & ADDRESS OF APPLICANT OR MANAGING OFFICER**

Last Name		First		Middle	
Alias or Maiden Names				Driver's License Number	
Current Home Address					
City		State	Zip	Phone	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Height	Weight	Hair Color	Eye Color

### **PRIOR ADDRESSES OF APPLICANT OR MANAGING OFFICER**

List in chronological order every city or community in which you have resided in the past eight years.					
Dates From:		To:			
Address		City		State	ZIP
Dates From:		To:			
Address		City		State	ZIP
Dates From:		To:			
Address		City		State	ZIP
Dates From:		To:			
Address		City		State	ZIP
Dates From:		To:			
Address		City		State	ZIP

### **EMPLOYMENT HISTORY OF APPLICANT OR MANAGING OFFICER**

Please include all jobs within the past eight years immediately preceding date of application. Begin with your most recent job and list your work history in chronological order including part-time jobs and periods of unemployment. (Use back if necessary)					
Dates Employed		From:		To:	
Employer's Business Name				Job Title	
Employer's Address				Employer's Phone	
Employer's Address		City		State	ZIP
Describe Type of Business and/or Service(s) Provided:					
Dates Employed		From:		To:	
Employer's Business Name				Job Title	
Employer's Address				Employer's Phone	
Employer's Address		City		State	ZIP
Describe Type of Business and/or Service(s) Provided:					

**EMPLOYMENT HISTORY OF APPLICANT OR MANAGING OFFICER (continued from previous page)**

Dates Employed From:		To:		Job Title	
Employer's Business Name			Employer's Phone		
Employer's Address		City		State	ZIP
Describe Type of Business and/or Service(s) Provided:					
Dates Employed From:		To:		Job Title	
Employer's Business Name			Employer's Phone		
Employer's Address		City		State	ZIP
Describe Type of Business and/or Service(s) Provided:					
Dates Employed From:		To:		Job Title	
Employer's Business Name			Employer's Phone		
Employer's Address		City		State	ZIP
Describe Type of Business and/or Service(s) Provided:					

**MESSAGE PERMIT HISTORY OF THE APPLICANT OR MANAGING OFFICER**

List all message licenses/permits that you have previously held OR applied for:		
License/Permit Type	License/Permit No.	Date Issued
Agency Name, City and State that issued the License/Permit		
Has this License/Permit ever been:		If yes, list the reason and dates:
<input type="checkbox"/> Denied <input type="checkbox"/> Refused to be renewed <input type="checkbox"/> Revoked <input type="checkbox"/> None of the above <input type="checkbox"/> Suspended		
License/Permit Type	License/Permit No.	Date Issued
Agency Name, City and State that issued the License/Permit		
Has this License/Permit ever been:		If yes, list the reason and dates:
<input type="checkbox"/> Denied <input type="checkbox"/> Refused to be renewed <input type="checkbox"/> Revoked <input type="checkbox"/> None of the above <input type="checkbox"/> Suspended		
License/Permit Type	License/Permit No.	Date Issued
Agency Name, City and State that issued the License/Permit		
Has this License/Permit ever been:		If yes, list the reason and dates:
<input type="checkbox"/> Denied <input type="checkbox"/> Refused to be renewed <input type="checkbox"/> Revoked <input type="checkbox"/> None of the above <input type="checkbox"/> Suspended		

**CRIMINAL RECORD OF THE APPLICANT OR MANAGING OFFICER**

Identify all criminal convictions or offenses pursuant to RSM Municipal Code Section 4.02.050 including those dismissed or expunged pursuant to Penal Code § 1203.4. (Exclude minor traffic violations).

Original Arrest Charge (Crime)	Arresting Agency	Date of Violation
Disposition of Charge	Final Charge	Date of Disposition
Original Arrest Charge (Crime)	Arresting Agency	Date of Violation
Disposition of Charge	Final Charge	Date of Disposition
Original Arrest Charge (Crime)	Arresting Agency	Date of Violation
Disposition of Charge	Final Charge	Date of Disposition
Original Arrest Charge (Crime)	Arresting Agency	Date of Violation
Disposition of Charge	Final Charge	Date of Disposition

Is the applicant required to register under Penal Code § 290 (Sex Offender Registration Act)?  Yes  No

Has the applicant, including a corporation or partnership, or a former employer or a business conducted by the applicant ever been subjected to an abatement proceeding under Penal Code §§ 11225 through 11235 or any similar provisions of law in a jurisdiction outside the State of California?  Yes  No If yes, list details below:

**PART 3 - Information about the establishment's employees:**

**EMPLOYEE INFORMATION**

Provide the following information on every employee and independent contractor whether or not they will be performing massages. A recent passport-sized photo must be attached for each employee. For each employee who will perform or administer a massage, a copy of that employee's valid and current CAMTC massage practitioner or therapist certificate must be attached.

Name (Last, First, MI)	Fictitious Name Used (if applicable)			Attach passport-sized photo here
Address	City	State	ZIP	
Describe nature of the work to be performed by this employee:				
Name (Last, First, MI)	Fictitious Name Used (if applicable)			Attach passport-sized photo here
Address	City	State	ZIP	
Describe nature of the work to be performed by this employee:				
Name (Last, First, MI)	Fictitious Name Used (if applicable)			Attach passport-sized photo here
Address	City	State	ZIP	
Describe nature of the work to be performed by this employee:				

**EMPLOYEE INFORMATION (continued from previous page)**

Provide the following information on every employee and independent contractor whether or not they will be performing massages. A recent passport-sized photo must be attached for each employee. For each employee who will perform or administer a massage, a copy of that employee's valid and current CAMTC massage practitioner or therapist certificate must be attached.

Name (Last, First, MI)		Fictitious Name Used (if applicable)		Attach passport-sized photo here
Address	City	State	ZIP	
Describe nature of the work to be performed by this employee:				
Name (Last, First, MI)		Fictitious Name Used (if applicable)		Attach passport-sized photo here
Address	City	State	ZIP	
Describe nature of the work to be performed by this employee:				
Name (Last, First, MI)		Fictitious Name Used (if applicable)		Attach passport-sized photo here
Address	City	State	ZIP	
Describe nature of the work to be performed by this employee:				
Name (Last, First, MI)		Fictitious Name Used (if applicable)		Attach passport-sized photo here
Address	City	State	ZIP	
Describe nature of the work to be performed by this employee:				

**APPLICANT'S CERTIFICATION**

I hereby certify, under the penalty of perjury, that the information given is true and correct. I understand that providing false information or withholding information, including any criminal record, is grounds for denial or revocation of my permit, and may subject me to criminal prosecution. I do hereby authorize the City of Rancho Santa Margarita, its agents and employees to seek verification of the information contained on this application and conduct an investigation into the truth of the statements set forth in the application and the qualifications of the application for the permit pursuant to Business and Professions Code section 4612. I further understand that I may not conduct the activity applied for until a permit has been granted.

I acknowledge that the applicant, owner(s), operator(s), and manager(s) shall each be responsible for the conduct of all employees on the premises of the massage establishment, and that failure to comply with Chapter 4.02 of the RSMZC, or any local, state, or federal law, including California Business and Professions Code Section 4600 et seq. (Massage Therapy Act), may result in the suspension, revocation, or non-renewal of the massage establishment permit and civil, administrative, or criminal penalties.

\_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

Note: If at any time before or after an application is approved, there is any change in information submitted on the original or renewal application, the permittee must notify the Development Services Department in writing of such change within ten business days. The city will investigate and if appropriate, the existing permit will be endorsed to include the change(s). An appropriate fee will be required for any necessary investigation for each such change.