



CITY OF LAGUNA HILLS MESSAGE ESTABLISHMENT OPERATOR PERMIT APPLICATION

NEW

RENEWAL

Application must be filled out completely. Incomplete applications will not be accepted.

BUSINESS INFORMATION:

BUSINESS NAME: _____

BUSINESS ADDRESS: _____ LAGUNA HILLS, CA 92653

MAILING ADDRESS: _____

BUSINESS PHONE #: _____ BUSINESS EMAIL: _____

STATE EMPLOYERS ID#: _____ STATE LICENSE # & EXPIRATION: _____

APPLICANT NAME: _____

BUSINESS OWNER/OPERATOR: SOLE PROPRIETORSHIP PARTNERSHIP LIMITED LIABILITY COMPANY CORPORATION

OWNER/OPERATOR NAME: _____

STATE OF ORGANIZATION/INCORPORATION: _____ DATE OF ORGANIZATION/INCORPORATION: _____
(if applicable) (if applicable)

- For **PARTNERSHIPS**: Attach a typed list of the names and residence addresses of each of the partners, including limited partners. If it is a limited partnership, furnish a copy of the certificates of limited partnership filed with the Secretary of State. If one or more partners is a corporation or limited liability company, the requirements listed below pertaining to corporations and limited liability companies will apply.
- For **LLCs**: Attach a typed list of the names and residence addresses of each of the limited liability company's current officers and directors and each member or other person who has an ownership interest in the limited liability company.
- For **CORPORATIONS**: Attach a typed list of the names and residence addresses of each of the corporation's current officers and directors and each shareholder holding more than 5% of the stock in the corporation.

NAME OF PROPERTY OWNER/LESSOR*: _____

ADDRESS: _____

*If the applicant is not the legal property owner, attach the following two documents:

- Lease Agreement
- Notarized Property Owner/Landlord Affidavit (see attached form)

(Applicant continue to page 2→)

STAFF USE ONLY BELOW THIS LINE

MEP Case No.: _____ Zoning: _____ Date Deemed Complete: _____

60-Day Review Period (indicate dates): _____

Extension Requested By Police Services? YES NO (If yes, indicate last day of 30-day extension): _____

City Manager/ Designee Review: _____ Approved _____ Denied _____ (Appeal Period ends 15-days after decision)

CofUO Issued? Yes No Date Issued: _____

Remarks/Conditions: _____

By: _____ Date: _____

BUSINESS INFORMATION (continued):

EXPLAIN IN DETAIL THE NATURE OF YOUR BUSINESS ACTIVITY AND DEFINITION OF SERVICES TO BE PROVIDED:

OTHER BUSINESSES OPERATING ON PREMISES:

Will other businesses be operated on the premises of the massage establishment? No Yes

If Yes, Attach a list of the other businesses to be operated on the premises of the massage establishment. The list shall be typed and shall contain the name and description of any such business.

OTHER BUSINESS INTERESTS:

Are there any other businesses within the city or state that are owned and/or operated by the applicant? No Yes

If Yes, Attach a list of the other businesses interests. List shall include the name, location, and description of each such business.

APPLICANT INFORMATION:

FULL COMPLETE NAME OF APPLICANT (from page 1): _____

ALIASES USED BY APPLICANT:

DATE OF BIRTH: _____ SEX: MALE FEMALE DRIVER LICENSE OR OTHER ID #: _____

HEIGHT: _____ WEIGHT: _____ HAIR COLOR: _____ EYE COLOR: _____

PREFERRED LANGUAGE: _____

ARE YOU CERTIFIED AS A MASSAGE PRACTITIONER? NO YES

If No, do you sign under penalty of perjury that you WILL NOT personally engage in the practice of massage?

YES SIGNATURE: _____

PROVIDE INFORMATION BELOW FOR THE LAST EIGHT (8) YEARS
ATTACH ADDITIONAL SHEET IF NECESSARY

COMPLETE RESIDENCE ADDRESS HOW LONG

- 1.(current) _____
2. _____
3. _____
4. _____
5. _____
6. _____

APPLICANT INFORMATION (continued):

PROVIDE INFORMATION BELOW FOR THE LAST EIGHT (8) YEARS
ATTACH ADDITIONAL SHEET IF NECESSARY

EMPLOYER

TYPE OF WORK

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

PROVIDE COMPLETE INFORMATION BELOW

ATTACH ADDITIONAL SHEET IF NECESSARY

CRIMINAL CONVICTIONS/PLEAS OF NOLO CONTENDERE, INCLUDING THOSE DISMISSED OR EXPUNGED PURSUANT TO PENAL CODE SECTION 1203.4, BUT EXCLUDING MINOR TRAFFIC VIOLATIONS: (IF NONE, STATE SO)

DESCRIPTION/REASON

DATE

PLACE

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

PROVIDE COMPLETE INFORMATION BELOW

ATTACH ADDITIONAL SHEET IF NECESSARY

MESSAGE PERMIT HISTORY:

ISSUING AGENCY/BOARD

DATE OF ISSUANCE

DENIED/REVOKED/REFUSAL OF RENEWAL?/REASON

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

EMPLOYEE INFORMATION:

WILL YOU EMPLOY ANY MASSAGE PRACTITIONERS/THERAPISTS AT THIS BUSINESS LOCATION? NO YES

If Yes, attach a list of all employees providing massage services at this business location. The list shall be typed and shall identify the names and residence addresses of each such person.

EMPLOYEE INFORMATION (continued):

WILL YOU RENT/LEND SPACE TO OTHER MASSAGE PRACTITIONERS/THERAPISTS AT THIS BUSINESS LOCATION? NO YES

If Yes, attach a list of all other people who will be providing massage services at this business location. The list shall be typed and shall identify the names and residence addresses of each such person.

WILL YOU EMPLOY ANY MANAGERS TO BE IN CHARGE OF THE OPERATIONS AT THIS BUSINESS LOCATION? NO YES

If Yes, attach a list of all managers who will work at this business location. The list shall be typed and shall identify the names and residence addresses of each such person.

WILL ANY OTHER PEOPLE BE EMPLOYED AT THIS BUSINESS LOCATION? NO YES

If Yes, attach a list of all other employees who will work at this business location. The list shall be typed and shall identify the names and residence addresses of each such person.

HAVE YOU INCLUDED THE FOLLOWING WITH THIS APPLICATION?

1. A COPY OF A CURRENT, VALID CAMTC CERTIFICATE AND CAMTC IDENTIFICATION CARD FOR EACH PERSON WHO WILL PROVIDE MASSAGE SERVICES AT THIS LOCATION? YES
2. COPY OF THE APPLICANT’S VALID DRIVER’S LICENSE OR OTHER PHOTO IDENTIFICATION ISSUED BY A STATE OR FEDERAL GOVERNMENT AGENCY OR OTHER PHOTOGRAPHIC IDENTIFICATION BEARING A BONA FIDE SEAL BY A FOREIGN GOVERNMENT? YES
3. TWO (2) FRONT FACED PORTRAIT PHOTOGRAPHS OF THE APPLICANT AT LEAST TWO INCHES BY TWO INCHES IN SIZE TAKEN WITHIN THIRTY (30) DAYS OF SUBMISSION OF THIS APPLICATION? YES
4. THE APPLICANT’S COMPLETE SET OF FINGERPRINTS TAKEN BY THE ORANGE COUNTY SHERIFFS DEPARTMENT (LIVE SCAN)? YES

PLEASE INDICATE YOUR AGREEMENT WITH THE FOLLOWING STATEMENTS BY INITIALING IN THE SPACE PROVIDED:

_____ I HAVE READ LAGUNA HILLS MUNICIPAL CODE CHAPTER 4-28 IN ITS ENTIRETY, AND I UNDERSTAND THE PROVISIONS, REQUIREMENTS, AND RESPONSIBILITIES SET FORTH IN LAGUNA HILLS MUNICIPAL CODE CHAPTER 4-28.
INITIAL

_____ I AUTHORIZE THE CITY, ITS OFFICERS, AGENTS, AND EMPLOYEES, TO SEEK INFORMATION AND CONDUCT AN INVESTIGATION INTO THE TRUTH OF THE STATEMENTS SET FORTH IN THE APPLICATION AND TO ENSURE COMPLIANCE WITH THE PROVISIONS OF LAGUNA HILLS MUNICIPAL CODE CHAPTER 4-28.
INITIAL

_____ I CONFIRM THAT THE MASSAGE ESTABLISHMENT SHALL ONLY PERMIT CERTIFIED MASSAGE PRACTITIONERS TO PROVIDE, PERFORM, AND ADMINISTER MASSAGE SERVICES AT THE MASSAGE ESTABLISHMENT.
INITIAL

_____ I ACKNOWLEDGE THAT THE APPLICANT, OWNER(S), OPERATOR(S), AND MANAGER(S) SHALL EACH BE RESPONSIBLE FOR THE CONDUCT OF ALL EMPLOYEES, AS DEFINED IN LHMC 4-28.020, ON THE PREMISES OF THE MASSAGE ESTABLISHMENT, AND THAT FAILURE TO COMPLY WITH THIS CHAPTER, OR ANY LOCAL STATE, OR FEDERAL LAW, INCLUDING CALIFORNIA BUSINESS AND PROFESSIONALS CODE SECTION 4600 ET SEQ. (MASSAGE THERAPY ACT), MAY RESULT IN THE SUSPENSION, REVOCATION, OR NON-RENEWAL OF THE OPERATOR’S PERMIT AND CIVIL ADMINISTRATIVE, OR CRIMINAL PENALTIES.
INITIAL

_____ I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS COMPLETE, TRUE, AND CORRECT.
INITIAL

_____ I ACKNOWLEDGE THAT IF ANY OF THE PROVIDED INFORMATION ON THIS APPLICATION CHANGES, I WILL NOTIFY THE COMMUNITY DEVELOPMENT DIRECTOR IN WRITING WITHIN 10 DAYS OF SUCH CHANGE.
INITIAL

SIGNATURE OF APPLICANT: _____ DATE: _____