



CITY OF LAKE FOREST - CODE ENFORCEMENT DIVISION

100 Civic Center Drive
Lake Forest, CA 92630

Phone: (949) 461-3502

Email: MassageLicense@lakeforestca.gov

MESSAGE ESTABLISHMENT LICENSE APPLICATION PROCESS (NEW OR TRANSFER OF OWNERSHIP)

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 not be accepted and will delay the processing of your Massage Establishment License. If you have questions regarding this application, what documents are needed, or what constitutes a complete application, please contact the Code Enforcement division at (949) 461-3502 or MassageLicense@lakeforestca.gov.

Application Review

Each application for a Massage Establishment License will be reviewed to ensure that the application is consistent with the Lake Forest 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 Code Enforcement 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 License application review is initiated when the City Manager or his/her designee, receives a complete application package including the required information and materials specified in the Lake Forest Municipal Code, and any additional information required during the review of the existing or proposed establishment.

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 License (pursuant to Lake Forest Municipal Code, Chapter 5.07, Massage Establishments) and any other related code or policies.

During the course of the review process, the reviewing 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 or his/her designee within 90 days after the date of the notice or within the period designated by the reviewing authority.
- b. Failure to submit the required information within the 90-day period or within the period of time designated by the reviewing authority shall be cause for denial.

On-site inspection: An application for a Massage Establishment 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 Lake Forest Municipal Code and any other related code or policies.



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APPLICATION FOR MASSAGE ESTABLISHMENT LICENSE (NEW OR TRANSFER)

REQUIREMENT FOR LICENSE

A Massage Establishment License is required for all businesses at fixed locations within the City that provide massage services as defined within Chapter 5.07 of the Lake Forest 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 5.07 of the Lake Forest Municipal Code.

MASSAGE ESTABLISHMENT LICENSE EXPIRATION AND RENEWAL

Each Massage Establishment License shall expire after one (1) year from the date of issuance of the license unless renewed in accordance with Chapter 5.07. The licensee requesting renewal of its Massage Establishment License is required to file an application for renewal with the City Manager or his/her designee 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 5.07.210, Application for Massage Establishment License (as described in this packet) and must also state that the licensee is currently operating under a Massage Establishment License, the scheduled date for expiration of the license for which the licensee is seeking renewal, and provide either a current copy of the lease agreement under which the licensee has operated the massage establishment or evidence that the licensee owns in fee the property at which the licensee operates the massage establishment.

ADDITIONAL REQUIREMENTS

In addition to the requirements set forth in Chapter 5.07 of the Lake Forest Municipal Code regarding an application for a Massage Establishment License, Massage Establishments are also required to meet the City's Zoning Code requirements, in compliance with Section 9.72.090 (A) of the Lake Forest Municipal Code. Massage Establishments are permitted in the Commercial Zoning Districts with the approval of a Use Permit. Please contact the Planning Department at (949) 461-3535 for additional zoning code requirements.

APPLICATION CONTENT

All applications for a Massage Establishment License shall set forth the exact nature of the massage, bath, or health treatments to be administered; the proposed place of business and facilities; and the current and valid name and address of the applicant. The applicant shall also furnish the following information:

1. A completed Massage Establishment License Application Form (provided in this packet);
2. \$500 check made payable to the "**City of Lake Forest**";
3. \$403 check made payable to "**County of Orange - Sheriff's Department**";

4. Two (2) prints of a recent passport-size photograph for each applicant;
5. Copy of the business' liability insurance;
6. Copy of the business' article of incorporation or formation document (not necessary for sole proprietors);
7. If the applicant is assuming control over an existing massage establishment, the former owner or operator must relinquish and surrender the massage establishment license to the City in writing (applicable to transfer of ownership only).
8. If the applicant is not the owner of the property proposed at the location for the massage establishment, the applicant shall submit a statement (provided in this packet or similar form approved by City Manager or his/her designee) signed by the property owner, consenting to the operation of the massage establishment at the location by the applicant;
9. Copy of lease agreement with property owner:
10. 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 facilities requirements as identified in Section 5.07.230, Massage establishment facilities and operations requirements. The form need not be professionally prepared, but must accurately depict all interior areas identified in this section and Section 5.07.230;
11. Signed acknowledgment statement (provided on page 8 of this packet) that includes a statement in writing by the applicant that he or she certifies under penalty of perjury that the foregoing information contained in the application is true and correct ,and authorizes the City, its employees and agents to seek information and conduct an investigation into the truth of the statements set forth in the application and the qualifications of the application for the license. Upon receipt of a completed application, the City Manager or his/her designee will inspect the massage establishment for compliance with the requirements of the City's Code. The City will not issue a massage establishment license unless and until inspection of the proposed place of business confirms that the facility complies with the requirements of the City's Code;
12. A copy of each applicant's social security card or permanent resident card;
13. A copy of each applicant's driver license;
14. A copy of each applicant's recently submitted/completed Service for Live Scan (provided in this packet). A portion of the application shall be filled out by the live scan operator and will include an ATI Number;
15. Provide the CAMTC Certificates for the applicant (if applicable) and all employees conducting massages at the establishment.
16. Such other information as may reasonably be deemed necessary by the City Manager or his/her designee or determined to be necessary by the Orange County Sheriff's Department to investigate the accuracy and veracity of the information required in the application;



MASSAGE ESTABLISHMENT APPLICATION

CITY OF LAKE FOREST
 100 CIVIC CENTER DR
 LAKE FOREST, CA 92670

PLEASE CONTACT THE CODE
 ENFORCEMENT DIVISION FOR FILING
 INSTRUCTIONS AT:
(949) 461-3502
 MassageLicense@lakeforestca.gov

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:	
Business Address:	City:	State:	ZIP:
Mailing Address:	City:	State:	ZIP:
Application Is For: New Business, Renewal, Change of Address, Ownership, or Business Name to Existing Business (Provide Details in Box Below)			
Previous Address, Ownership, or Business Name:			
Type of Business (Be Specific):		Business Start Date:	
Type of Ownership: <input type="checkbox"/> Partnership: Provide a list of the name and residence address of each of the partners, including limited partners. <input type="checkbox"/> LLC: Provide a list of the name and residence address of each of the limited liability company's current officers, and/or directors, and/or each member, or other person who has an ownership interest in the limited liability company. <input type="checkbox"/> Corporation: Attach a list of the name and residence address of each of the corporation's current officers, and/or directors, and/or each member, or other person who has an ownership interest in the corporation. <input type="checkbox"/> Sole Ownership: Complete the information below.			

APPLICANT'S INFORMATION

Last Name:	First Name:	Middle:	
Alias or Maiden Names:			
Home Address:			
City:	State:	Zip:	Phone:

Date of Birth:	Place of Birth:	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Sex:	Height:	Weight:	Hair:	Eyes:
Driver's License No.	State:	SSN:	Other Licenses Held:	
Preferred Language:		Email:		

APPLICANT'S RESIDENCY

Complete Residence Address for the last five (5) years.		# of years
1.		
2.		
3.		
4.		
5.		

APPLICANT'S EMPLOYMENT HISTORY

Employment History for the last five (5) years. Include name, address and phone number.		Type of work
1.		
2.		
3.		
4.		
5.		

CRIMINAL RECORD

Have you ever been convicted in a court of any crime, including, but not limited to, a violation in conjunction with or as a result of the operation of a massage establishment or a sex related crime or other crime involving dishonesty, fraud, deceit, or moral turpitude within the last ten (10) years?

Yes No

Attach a list if needed.

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:
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MESSAGE HISTORY

Name of Issuing Agency	Date Issued	Denied/Revoked/Refused/Subject to Abatement Proceeding/Other
1.		
2.		
3.		
4.		
5.		

PRODUCTS AND SERVICES

Describe all products and services to be provided to customers of the business.

HOURS OF OPERATIONS

List Hours of Operation						
MON	TUES	WEDS	THURS	FRI	SAT	SUN
_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____

Name of Property Owner/Lessor:	
Address:	
Phone Number:	Email:
If the applicant is not the legal property owner, attach the following two documents:	
<input type="checkbox"/> Lease Agreement <input type="checkbox"/> Executed Property Owner/Landlord Affidavit	

EMPLOYEE INFORMATION (Attach a list if needed. Provide a copy of California Massage Therapy Council (CAMTC) Certificate and CAMTC Identification Card)

State the full, true names and residence addresses of all persons employed, or intended to be employee, as practitioners.	
Full Name/Address:	CAMTC ID #
Full Name/Address:	CAMTC ID #
Full Name/Address:	CAMTC ID #
Full Name/Address:	CAMTC ID #
Full Name/Address:	CAMTC ID #
Full Name/Address:	CAMTC ID #
Full Name/Address:	CAMTC ID #

Will you employ any managers to be in charge of the operations at this business location? Yes No
 If yes, please list all managers who will work at this business location. Please provide names and residence addresses of each.

Will any other people be employed at this business location? Yes No
 If yes, please list all non-practicing massage license therapist who will work at this business location. Please provide names and residence addresses of each.

OTHER BUSINESS OPERATION ON PREMISES:
 Will other businesses be operated on the premises of the massage establishment? Yes No
 If yes, attach a list of other businesses to be operated on the premises of the massage establishment. This list shall contain the names and description of any such business.

OTHER BUSINESS INTEREST:
 Are there any other businesses within the city or state that are owned and/or operated by the applicant? Yes No
 If yes, attach a list of other business[es]. List shall include the name, locations, and descriptions of each.



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

- _____ I have read Lake Forest Municipal Code Chapter 5.07 Massage Establishments in its entirety and I understand the provisions, requirements and responsibilities set forth in Lake Forest Municipal Code Chapter 5.07.
- _____ 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 Lake Forest Municipal Code Chapter 5.07 and other applicable City, State, and Federal laws.
- _____ I confirm that the Massage Establishment shall only permit certified massage practitioners to provide, perform, and administer massage services at the Massage Establishment.
- _____ 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 LFMC 5.07.235 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 Professional Code Section 4600 et seq. (Massage Therapy Act), may result in the suspension, revocation, or no-renewal of the operator's permit and civil, administrative, and/or criminal penalties.
- _____ I acknowledge that if any of the provided information on this application changes, I will notify the Lake Forest Code Enforcement Division in writing within ten (10) days of such change.

I, the undersigned, understand that before I can operate my business in Lake Forest, the establishment must comply with all applicable City laws and regulations and must receive all necessary Federal, State and local permits. **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: _____

Print Name/Title: _____

Date: _____

Landlord Permission Letter

Re: Message Establishment

I _____, as (circle one) owner/agent of the property located at (address) _____, give my permission for (name of tenant/lessee) _____, to operate a Massage Establishment business at the above address.

Signature of Owner/Agent

Date

Address of Owner/Agent

Phone Number of Owner/Agent



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

CA0300000

ORI (Code assigned by DOJ)

MESSAGE TECHNICIAN –

Type of License/Certificate/Permit OR Working Title (Maximum 30 characters – If assigned by DOJ, use exact title assigned)

Contributing Agency Information

ORANGE COUNTY SHERIFF'S DEPARTMENT

Agency Authorized to Reserve Criminal Record Information

P.O. Box 449

Street Address or P.O. Box

Santa Ana

City

CA

State

92702

ZIP Code

04490

Mail Code (five-digit code assigned by DOJ)

Business Licensing

Contact Name (mandatory for all school submissions)

(714) 834-5503

Contact Phone Number

Applicant Information:

Last Name

Other Name

(AKA or Alias: Last

Sex Male Female

Date of Birth

Height

Weight

Eye Color

Hair Color

Place of Birth (State or Country)

Social Security Number

Home

Address Street Address or P.O. Box

First Name

Middle Initial

Suffix

First

Middle

Suffix

Driver's License Number

Billing

Number

(Agency Billing Number)

Misc.

Number

(Other Identification Number)

City

State

ZIP Code

Your Number:

OCA Number (Agency Identifying Number)

Level of Service:

DOJ

FBI

Firearms

If re-submission, list original ATI number:

(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

N/A

Employer Name

Mail Code (five digit code assigned by DOJ)

N/A

Mail Code (five digit code assigned by DOJ)

City

State

ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed

ORINGAL – Live Scan Operator

SECOND COPY – Applicant

THIRD COPY (if needed) – Requesting Agency