

Administrative Use Permit Application Form — Massage Establishments

303 East B Street, Ontario, California 91764 Phone: 909.395.2036 / Fax: 909.395.2420

Address:	Property Owner:	
Telephone No.:		(For staff use only)
Email:		
Applicant:		File No :
Address:		Related File:
Address:	Applicant:	Date:
Telephone No.:		Pec'd by:
Email:		Fees Paid:
Applicant's Representative:		\square Cash \square Check (# \square
Approved By:		□ Credit Card
Address:	Applicant's Representative:	Receipt No.:
Telephone No.:		Approved By:
Email:		Approval Date:
Business Name: Business Address: Business Address: Telephone No.: Email: Website: Responsible managing officer in charge of the premises: Managing officer's current residence address: Managing officer's residence telephone no.: APPLICANT/OWNER INFORMATION Is the massage establishment business a corporation? If yes, below, provide the name of the corporation exactly as shown in the articles of incorporation or Charter. In addition on a separate sheet of paper, provide the state and date of incorporation, and the names and residence addresses o		Expiration Date:
Email:	Business Address:	
Website:		
Managing officer's residence address:	Website:	
Managing officer's residence telephone no.: APPLICANT/OWNER INFORMATION Is the massage establishment business a corporation? If yes, below, provide the name of the corporation exactly as shown in the articles of incorporation or Charter. In addition on a separate sheet of paper, provide the state and date of incorporation, and the names and residence addresses or	Responsible managing officer in charge of the premises:	
APPLICANT/OWNER INFORMATION Is the massage establishment business a corporation? If yes, below, provide the name of the corporation exactly as shown in the articles of incorporation or Charter. In addition on a separate sheet of paper, provide the state and date of incorporation, and the names and residence addresses of the corporation of the corporation of the state and date of incorporation.	Managing officer's current residence address:	
Is the massage establishment business a corporation? If yes, below, provide the name of the corporation exactly as shown in the articles of incorporation or Charter. In addition on a separate sheet of paper, provide the state and date of incorporation, and the names and residence addresses or	Managing officer's residence telephone no.:	
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on a separate sheet of paper, provide the state and date of incorporation, and the names and residence addresses o	s the massage establishment business a corporation?	☐ Yes ☐ No

If yes, an a separate sheet of paper, provide the name and residence actires of seach of the partners, including limited partnership, and a filt the applicant is a limited partnership, provide a copy of the certificate of limited partnership, as filed with the county cleric, if one or more of the partnership, provide a copy of the certificate of limited partnership, as filed with the county cleric, if one or more of the partnership, provide a copy of the certificate of limited partnership, as filed with the county cleric, if one or more of the partnership, as filed with the county cleric, if one or more of the partnership, as filed with the county cleric, if one or more of the partnership, as filed with the county cleric, and in the provisions pertaining to corporate applicants, above, shall apply. Applicant/owner full/complete name: Current residence address:	Is the massage establishment business a par	tnership?	☐ Yes ☐ No
List any other name(s) you have used or been known by: Current residence address: Residence telephone no.: Past two places of residence: 1. Address: 2. Address: Date of birth: Are you a United States citizen? Before the provide the following information: How you ever possessed an operator's license issued by any state other than California? If yes, provide the following information: Name license was issued to: License No.: Aperucy Name: Date: Purpose: APPLICANT/OWNER PERMIT/UCENSE HISTORY Have you had any permit or license issued by any agency, board, city, county, territory or state? Permit/License received: Issuing agency, board, city, county, territory or state: Date of Issuance: Vas he permit/license revoked or suspended:	partners. If the applicant is a limited par county clerk. If one or more of the part	tnership, provide a copy of the certificate of limited p	partnership, as filed with the
Current residence address: Residence telephone no.: Past two places of residence: 1. Address: 2. Address: 2. Address: Place of birth: California Driver's License or ID No.: Place of birth: Rey you a United States citizen? Social Security No.: Height: Feet Inches Hoir Color: Hove you ever possessed an operator's license issued by any state other than California? If yes, provide the following information: Name license was issued to: License No.: Have you ever been fingerprinted by a police agency other than for arrest? Applicant/Jowner Permit/License History APPLICANT/OWNER PERMIT/LICENSE HISTORY Have you had any permit or license issued by any agency, board, city, county, territory or state? Permit/License received: Issuing agency, board, city, county, territory or state: Date of Issuance: Yes No	Applicant/owner full/complete name:		
Residence telephone no.:	List any other name(s) you have used or bee	en known by:	
Past two places of residence: 1. Address: 2. Address: Date of birth:	Current residence address:		
2. Address:	Residence telephone no.:		
2. Address: Date of birth:	Past two places of residence:		
2. Address:	1. Address:		
Date of birth:			
Place of birth:	Z. Addiess		
Are you a United States citizen?	Date of birth:	California Driver's License or ID No.:	
Social Security No.:	Place of birth:		
Weight (lbs.):	Are you a United States citizen?		☐ Yes ☐ No
Hair Color:	Social Security No.:	Gender:	☐ Male ☐ Female
Have you ever possessed an operator's license issued by any state other than California? Yes No If yes, provide the following information: Name license was issued to: License No.: Have you ever been fingerprinted by a police agency other than for arrest? Yes No If yes, provide the following information: Agency Name: Date: Purpose: APPLICANT/OWNER PERMIT/LICENSE HISTORY Have you had any permit or license issued by any agency, board, city, county, territory or state? Yes No If yes, provide the following information for each permit or license received (attach additional sheets if necessary): Permit/License received: Susuing agency, board, city, county, territory or state? Yes No Date of Issuance: Yes No	Weight (lbs.):	Height: Feet	Inches
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License No.:	If yes, provide the following information:		
Have you ever been fingerprinted by a police agency other than for arrest?	Name license was issued to:		
If yes, provide the following information: Agency Name:	License No.:		
Agency Name:	Have you ever been fingerprinted by a police	ce agency other than for arrest?	☐ Yes ☐ No
Date:	If yes, provide the following information:		
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Have you had any permit or license issued by any agency, board, city, county, territory or state?	Date:	Purpose:	
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Permit/License received:	Have you had any permit or license issued by	by any agency, board, city, county, territory or state?	☐ Yes ☐ No
Issuing agency, board, city, county, territory or state: Date of Issuance: Was the permit/license revoked or suspended: Yes No	If yes, provide the following information	for each permit or license received (attach additiona	al sheets if necessary):
Date of Issuance:	Permit/License received:		_
Was the permit/license revoked or suspended:	Issuing agency, board, city, county, terr	itory or state:	
	Date of Issuance:		
If yes, state the reason for revocation or suspension (attach additional sheets if necessary):	Was the permit/license revoked or suspende	ed:	☐ Yes ☐ No
	If yes, state the reason for revocation or	suspension (attach additional sheets if necessary):	

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${\bf Administrative\ Use\ Permit\ Application\ Form\ --\ Massage\ Establishment}$

Hav	ve you had any vocational or professional permit o	or license issued:		Yes	□ №
	If yes, provide the following information for each p	permit or license received (attach additiona	Il sheets if ne	cessary):
	Permit/License received:				
	Issuing vocational or professional organization:				
	Date of Issuance:				
Wa	as the permit/license revoked or suspended:			Yes	□No
	If yes, state the reason for revocation or suspensio	n:			
					_
	PLICANT/OWNER CRIMINAL HISTORY	co (ovaluding traffic violations)?		□Vos	Пио
	PLICANT/OWNER CRIMINAL HISTORY ve you ever been arrested or detained by the police If yes, provide the following details (attach addition			☐ Yes	□No
Hav	ve you ever been arrested or detained by the polic If yes, provide the following details (attach addition	onal sheets if necessary):		☐ Yes	□No
	ve you ever been arrested or detained by the police of the police of the following details (attach addition of the Charged:	onal sheets if necessary):		☐ Yes	□ No
Hav	ve you ever been arrested or detained by the police of the police of the following details (attach addition of the Charged: Police Agency:	onal sheets if necessary):			
Hav	ve you ever been arrested or detained by the police of the police of the following details (attach addition of the Charged:	onal sheets if necessary):			
Hav	ve you ever been arrested or detained by the police If yes, provide the following details (attach addition Crime Charged: Police Agency: Date:	onal sheets if necessary): Disposition of Case:			
Hav	ve you ever been arrested or detained by the police If yes, provide the following details (attach addition and the control of	onal sheets if necessary): Disposition of Case:			
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1. 2. 3.	ve you ever been arrested or detained by the policity of the policity of the following details (attach additional details) (attach additional	Disposition of Case: Disposition of Case: Disposition of Case:			
Hav 1.	ve you ever been arrested or detained by the policity of the provided the following details (attach additional contents of the following d	Disposition of Case: Disposition of Case: Disposition of Case:			
1. 2. 3.	ve you ever been arrested or detained by the policity of the policity of the following details (attach additional details) (attach additional	Disposition of Case: Disposition of Case: Disposition of Case:			

APPLICANT ACKNOWLEDGMENT

I, the undersigned, do hereby certify and state that I am the applicant in the foregoing application, that I have read the foregoing application, and that I know the content thereof, and do further state that the same is true and correct to the best of my knowledge and belief.

Furthermore, I hereby agree to defend, indemnify, and hold harmless the City of Ontario or its agents, officers, and employees, from any claim, action or proceeding against the City of Ontario or its agents, officers or employees, to attack, set aside, void, or annul any approval by the City of Ontario, whether by its City Council, Planning Commission, or other authorized board or officer, as it pertains to this application. The City of Ontario shall promptly notify the applicant of any such claim, action or proceeding, and the City of Ontario shall cooperate fully in the defense.

Date:	Signature:	
	Name (print or type):	
PROPERTY OWNER ACKNOWLEDGMENT		
, ,	tate that I am the owner of the property in the foregoing application, that I have know the content thereof, and do further state that the same is true and correct	
Date:	Signature:	

Name (print or type):



Ontario Police Department Permit Fingerprint Application

Last Name:		
First Name:	M:	:
Date of Birth:	Se.	x:
Height: Weight:	Hair Color:	Eye Color:
The City of Outlands are avained the other in		
The City of Ontario requires that prior permit must submit to a fingerprint proc. The fingerprint process is required by the for the Police Department to conduct applied for.	cess to be completed by the California Department of	ne Ontario Police Department. Justice as a necessary means
DOJ Results review date:	By:	



Administrative Use Permit Application Form — Massage Establishments Minimum Filing Requirements

303 East B Street, Ontario, California 91764 Phone: 909.395.2036 / Fax: 909.395.2420

WHAT IS A MASSAGE ESTABLISHMENT PERMIT?

The City of Ontario is authorized by virtue of the State Constitution, the provisions of the City Charter, and Government Code Section 51031, to regulate all massage establishments by imposing reasonable standards of massage establishment operators and reasonable conditions on the operation of the massage establishment. The Massage Establishment Permit process has been created to ensure reasonable safeguards against physical injury and economic loss to massage clients, brought about by improperly educated and trained massage therapists. In order to achieve these purposes, the Zoning Administrator is empowered to grant or deny applications for Massage Establishment Permits and to impose reasonable conditions upon the granting of a Massage Establishment Permit.

MINIMUM FILING REQUIREMENTS establishment shall be required to furnish fingerprints for the purpose of establishing identification. Any required fingerprinting fee will be the responsibility of The minimum requirements for filing a Massage the applicant. Establishment Application are listed below. An application that does not include the below-listed items will not be A floor plan of the unit/building in which you wish to accepted for processing: establish your business. Completed Administrative Use Permit Application Such other identification and information as the Police Form - Massage Establishment. Chief may require in order to discover the truth of the matters hereinbefore specified as required to be set Two portrait photographs, 2 inches in width by 2 inches forth in the application. in height, taken within the previous 6 months, of the applicant or person designated by the applicant, ☐ The Police Chief, at his discretion, may require the corporation or partnership, to act as its responsible applicant to appear in person for the purpose of managing officer in charge of the premises. verifying identity, taking additional photographs of the applicant, and/or confirm the height and weight of At least two signed statements by persons who have knowledge of the applicant's background and the applicant. qualifications, including dates of relationships. Those ☐ Any other information that the Planning Director persons shall have known the applicant for at least 3 deems necessary to facilitate the processing of the years preceding the date of application. subject application. If the applicant/owner will be performing massages at the massage establishment, provide current copies of the applicant/owner California Massage Therapy Notes: Council ("CAMTC") certificate and license card. If the 1. Review Development Code Section 5.03.270 applicant/owner is not CAMTC certified, a separate (Massage Services) for operating requirements and Massage Therapist Permit is required to be obtained. zoning compliance. A complete description/definition of all services to be The approval of a Massage Establishment Permit does provided. not include employees. Each employee who performs Written proof that the applicant/owner is at least 18 massage as part of the business activity must apply for, years of age. and obtain, a separate Massage Therapist Permit, or be certified by the California Massage Therapy ☐ Written proof that the person designated by the Council and provide proof of such certification. applicant, corporation, or partnership to act as its responsible managing officer in charge of the premises, is at least 18 years of age. ☐ The applicant and any person designated by the applicant, corporation, or partnership to act as its responsible managing officer in charge of a massage

	For City Use Only				
Rec	quired inform	nation	provided with applicat	ion:	
	Fully compl	leted,	signed, and notarized <i>I</i>	Massage Establishment Supplementary Application Fo	orm.
	Fully comp approval.	leted,	signed, and notarized	Discretionary Permits/Actions Applications Form for	Conditional Use Permit
	Two portrai	t phot	ographs, at least 2-inch	nes by 2-inches, taken within the last 6 months.	
	Two signed	stater	ments by persons who h	nave knowledge of the applicant's background and o	qualifications.
	Applicant/o	owner	will NOT be performing	massages at the establishment.	
				<u>OR</u>	
	Applicant/o	owner	submitted CAMTC cert	ification and license card OR separate Massage Therc	apist Permit application.
	Description	/defin	ition of services to be p	rovided.	
	Floor plan c	of build	ding/unit.		
	Proof that t	he ap	plicant/owner is at leas	t 18 years of age.	
	Proof that the person designated by the applicant, corporation, or partnership to act as its responsible managing officer in charge of the premises, is at least 18 years of age.				
4	Approved Denied				
			Police Department,	Ву:	Date:
				Title:	
			Planning Department	, By:	Date:
				Title:	