



CITY OF LARKSPUR

Planning Department
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APPLICATION FOR CERTIFIED MESSAGE ESTABLISHMENT OR INDIVIDUAL OPERATOR PERMIT

(Larkspur Municipal Code Section 5.49, Regulation of Massage Businesses)

SECTION 1 - To be completed *FOR ALL Certified Massage Establishment and Individual Operators*. File with the Planning Department counter representative along with the required submittal information.

Application Date: _____

New Permit: Yes _____ No _____ Renewal: Yes _____ No _____

Primary Business Information

Business Name: _____

Name of Business Owner: _____

Business Address: _____

Assessor Parcel No: _____

Email Address: _____

Business Phone #: _____

Zoning District: _____

Massage Establishment Owner Information (If different from primary business establishment above.)

Owner Name: _____

Residence Address: _____

Home Phone #: _____

Business Address: _____

Business Phone #: _____

Email Address: _____

Type of Business (Check one)

_____ Corporation _____ Limited Partnership _____ LLC _____ Sole Practitioner

Attach name and residence of all members.

Property Owner Information

Name: _____ Company _____

Address: _____

Phone #: _____ Applicant is Property Owner? Yes ____ No ____

If "no" is checked, then you will need to attached either 1) copy of written lease that authorizes use of the premises for a massage establishment, or 2) if there is no written lease, then written, notarized acknowledgement from the property owner that the property owner has been advised that a massage establishment will be operated by the applicant on the property owner's property.

SUBMITTAL REQUIREMENTS

- Application
- Operational Checklist (see Attachment A)
- Zoning Clearance Fee (see current adopted fee schedule)
- Written description - For any massage establishment, provide a written description of the operation for the massage establishment, including the type of services and treatments to be administered, hours of operation, and number of persons engaged in the services.
- Floor Plan - showing where the services are proposed to be conducted within the building, including entrance, reception area, waiting area, bathrooms, massage room(s), and indoor and outdoor spaces.
- Identification – a clear and legible copy of a valid and current driver's license and/or identification issued by a state or federal governmental agency or other photographic identification bearing a bona fide seal by a foreign government.
- Certification and Identification for all Employees –
 - A. Copy of Certificate - Required for each person that the massage establishment currently employs, proposes to employ, or retain as a contract employee, to perform massage therapy for compensation.
 - B. Identification - A clear and legible *color* copy of that person's current certification as a massage practitioner or massage therapist from the California Massage Therapy Council (CAMTC), and a copy of that person's California Massage Therapy Council-issued identification card.
- Written Lease - Copy of written lease that authorizes use of the premises for a massage establishment, or if there is no written lease, then written, notarized acknowledgement from the property owner that the property owner has been advised that a massage establishment will be operated by the applicant on the property owner's property.

SECTION 2 - To be completed for OPERATOR PERMIT only.

An "operator" is the owner of a massage business.

Please provide a signed statement including the following:

- A. **Employee Information** - Provide the name, residence address and telephone, and work address and telephone number of each person that the massage establishment employs or will retain to perform massage therapy for compensation. This may be listed on a separate sheet of paper.

**ATTACHMENT A:
OPERATIONAL CHECKLIST FOR MASSAGE BUSINESSES**

(To be filled out by Applicant; Staff Confirmation)

Circle the appropriate answer as it applies to the proposed massage business questions below:

*Staff
Check*

- | | | | |
|---|-----|----|-----|
| 1. Are you a certified massage practitioner? | Yes | No | N/A |
| 2. Are you a massage business operator? | Yes | No | N/A |
| 3. Are you a massage business owner? | Yes | No | N/A |
| 4. Are you providing massage services out of your home? | Yes | No | N/A |
| 5. Is there a wash basin with hot and cold running water? | Yes | No | N/A |
| 6. Are there sanitary towels provided at each wash basin? | Yes | No | N/A |
| 7. Are there clean sanitary towels, coverings, and linens? | Yes | No | N/A |
| 8. Are there separate receptacles for soiled towels, coverings, and linens? | Yes | No | N/A |