SAN MARCOS
DISCOVER LIFE'S POSSIBILITIES

MASSAGE ESTABLISHMENT LICENSE PROCEDURES

NON-REFUNDABLE FEE:

New $401.82, Renewal $357.82
One-Time Background check fee (Non-CAMTC Certified Owners/Operators Only): $192.60*

*This fee does not apply to existing businesses as of 7/14/17.

Complete and submit the following to the Finance Department:

1. Application for Massage Establishment License
2. All Owners, Operators and Managers must complete the appropriate form depending on if they are CAMTC certified or not.
3. Copy of Driver's License and/or photo identification card issued by a State or Federal Agency for all Owners/Operators
4. Live Scan form for all Owners, Operators and Managers who are not CAMTC certified
5. Copy of Fictitious Name Statement or Articles of Incorporation
6. Massage Supplemental Questionnaire
7. Floor Plan of establishment
8. Copies of Therapists' CAMTC Certificate
9. Copy of Lease or Rental agreement
10. Copy of Health Permit unless exempted per SMMC 5.44.070(z). If this is a new application, please contact the Health Department at (858) 505-6660.

In addition to the Massage Establishment License, the applicant also needs to obtain a Business License and pay the appropriate fee that is required.

It is the responsibility of the owner to ensure that anyone employed to provide massage services has an active CAMTC Certification. If a Therapist is hired as an independent contractor, they will need to obtain a Business License prior to starting work. Any Therapist hired as an employee, must submit a copy of their CAMTC certificate to the City prior to starting work.

Renewal Applicants need to complete and submit #1-2, 6, 8 and pay the Non-Refundable fee of $357.82.

Upon receipt of all necessary approvals from the Sheriff's Department, Planning & Building Divisions, Fire, Health and Finance Departments, your Business License and Massage Establishment License will be issued. This process takes approximately 6-8 weeks. If you have any further questions, please contact the Finance Department at (760) 744-1050, Ext. 3101 or smbusinesslicense@san-marcos.net.

CITY OF SAN MARCOS – FINANCE DEPARTMENT
1 CIVIC CENTER DRIVE, SAN MARCOS, CA 92069
(760) 744-1050, EXT. 3101

APPLICATION FOR MASSAGE LICENSE

_____ESTABLISHMENT _____ OUTCALL

BUSINESS NAME:_____BUSINESS PHONE:_____

BUSINESS ADDRESS:_____
(Number) (Street) (City) (State) (Zip)

PROPERTY OWNER/MANAGER NAME (Establishments Only):_____PHONE NUMBER:_____

PROPERTY OWNER/MANAGER ADDRESS (Establishments Only):_____
(Number) (Street) (City) (State) (Zip)

MAILING ADDRESS: _____
(Number) (Street) (City) (State) (Zip)

BUSINESS IS: SOLE PROPRIETOR_____ PARTNERSHIP_____CORPORATION_____ LLC_____ LLP_____

IF CORPORATION, DATE & PLACE INCORPORATED:_____

ARE YOU THE SOLE OWNER/OFFICER/MEMBER OF THE BUSINESS? _____YES _____NO

ARE ALL OWNERS/OFFICERS/MEMBERS CAMTC CERTIFIED?_____YES_____NO

INDIVIDUAL(S) RESPONSIBLE FOR MANAGEMENT OF THE ESTABLISHMENT & PRESENT DURING BUSINESS HOURS:

_____

ARE ALL PERSONS LISTED ABOVE CAMTC CERTIFIED? _____ YES _____ NO

EXACT NATURE/TECHNIQUE OF MASSAGE TO BE ADMINISTERED:_____

Under penalty of perjury, I swear that the foregoing statements are true and accurate to the best of my knowledge. It is understood by me that statements found not to be true, complete and accurate will be grounds for refusal, or revocation of any permit or license issued to me by the City of San Marcos, County of San Diego, without further notice to me. I understand and agree to having all required notices unless otherwise specified, sent by U.S. mail to the address given on this application. I have read and understand sections 5.44 et seq. of the San Marcos Municipal Code of regulatory ordinances pertaining to Massage Establishments. I understand that all Owners and Operators are responsible for the Massage Establishment and the conduct of all persons who perform massage at the massage establishment. I certify that I will operate my business in accordance with all applicable federal, state and city laws and regulations. I understand that failure to comply with the California Business and Professions Code Sections 4600 et seq., or with any federal, state or local laws, rules or regulations, and/or the provisions of the Chapter may result in revocation of the Massage Establishment license.

DATE:_____ _____ _____
Signature of Owner Print Name

DATE:_____ _____ _____
Signature of Co-Owner Print Name

OFFICE USE ONLY

NEW:____RENEWAL:_____LICENSE#_____FEE:$_____DATE PAID:_____RECEIPT#_____

APPLICATION ROUTED IN TRAKIT:

_____ **PLANNING APPROVAL**

_____ **BUILDING APPROVAL & INSPECTION**

_____ **FIRE INSPECTION**

_____ **SHERIFF INSPECTION**

_____**HEALTH PERMIT RECV'D**

CITY OF SAN MARCOS
1 CIVIC CENTER DRIVE
SAN MARCOS, CA 92069
(760) 744-1050, EXT. 3101

OWNER/OPERATOR WITH CAMTC CERTIFICATION

PLEASE CHECK:

OWNER:_____ OPERATOR:_____ MANAGER:_____

OWNER/OPERATOR NAME:_____
(Last) (First) (Middle)

ALL OTHER NAMES USED:_____

DATE OF BIRTH:_____PLACE OF BIRTH:_____HEIGHT:_____WEIGHT:_____

SEX:____HAIR:_____EYES:_____CDL#_____SSN:_____

RESIDENCE ADDRESS:_____
(Number) (Street) (City) (State) (Zip)

LAST TWO ADDRESSES:

_____

_____

RESIDENCE PHONE:_____EMERGENCY PHONE:_____

CAMTC CERTIFICATE #_____ EXPIRATION DATE _____ (Must attach copy of certificate)

Under penalty of perjury, I swear that the foregoing statements are true and accurate to the best of my knowledge. It is understood by me that statements found not to be true, complete and accurate will be grounds for refusal, or revocation of any permit or license issued to me by the City of San Marcos, County of San Diego, without further notice to me. I understand and agree to having all required notices unless otherwise specified, sent by U.S. mail to the address given on this application. I have read and understand sections 5.44 Et. Seq. of the San Marcos Municipal Code of regulatory ordinances pertaining to Massage Establishments. I understand that all Owners and Operators are responsible for the Massage Establishment and the conduct of all persons who perform massage at the massage establishment. I certify that I will operate my business in accordance with all applicable federal, state and city laws and regulations. I understand that failure to comply with the California Business and Professions Code Sections 4600 et seq., or with any federal, state or local laws, rules or regulations, and/or the provisions of the Chapter may result in revocation of the Massage Establishment license.

DATE: _____ _____
Signature of Owner/Operator

OFFICE USE ONLY

ATTACH TO LICENSE # _____

CAMTC CERT VERIFIED:_____

CITY OF SAN MARCOS
1 CIVIC CENTER DRIVE, SAN MARCOS, CA 92069
(760) 744-1050, EXT. 3101

OWNER/OPERATOR WITHOUT CAMTC CERTIFICATION

**** Must return second copy of the Live Scan Form to the Finance Department AND pay Background Check Fee****

PLEASE CHECK ONE:

OWNER:_____ OPERATOR:_____ MANAGER:_____

OWNER/OPERATOR NAME:_____
(Last) (First) (Middle)

ALL OTHER NAMES USED:_____

DATE OF BIRTH:_____PLACE OF BIRTH:_____HEIGHT:_____WEIGHT:_____

SEX:____HAIR:_____EYES:_____CDL#_____SSN:_____

RESIDENCE ADDRESS:_____
(Number) (Street) (City) (State) (Zip)

RESIDENCE PHONE:_____EMERGENCY PHONE:_____

LAST TWO ADDRESSES:

_____

_____

HAVE YOU EVER BEEN ISSUED A CERTIFICATE, LICENSE, OR PERMIT FROM ANY AGENCY?_____IF YES, EXPLAIN

TYPE OF CERTIFICATE/LICENSE/PERMIT, WHERE ISSUED & BY WHOM._____

_____

HAVE YOU EVER HAD A CERTIFICATE, LICENSE, OR PERMIT SUSPENDED, REVOKED OR HAD AN APPLICATION FOR THE

SAME DENIED FROM ANY AGENCY?_____IF YES, EXPLAIN:_____

_____

EMPLOYMENT HISTORY FOR THE LAST 5 YEARS: (Attach additional sheet if necessary)

COMPANY NAME	**ADDRESS**	**JOB DESCRIPTION**	**DATES**

LIST ALL CHARGES/CITATIONS EVER ISSUED (Except for Misdemeanor Traffic Violations).

DATE	PLACE/AGENCY	CHARGE	DISPOSITION	NAME ON DISPOSITION

Under penalty of perjury, I swear that the foregoing statements are true and accurate to the best of my knowledge. It is understood by me that statements found not to be true, complete and accurate will be grounds for refusal, or revocation of any permit or license issued to me by the City of San Marcos, County of San Diego, without further notice to me. I understand and agree to having all required notices unless otherwise specified, sent by U.S. mail to the address given on this application. I have read and understand sections 5.44 Et. Seq. of the San Marcos Municipal Code of regulatory ordinances pertaining to Massage Establishments. I understand that all Owners and Operators are responsible for the Massage Establishment and the conduct of all persons who perform massage at the massage establishment. I certify that I will operate my business in accordance with all applicable federal, state and city laws and regulations. I understand that failure to comply with the California Business and Professions Code Sections 4600 et seq., or with any federal, state or local laws, rules or regulations, and/or the provisions of the Chapter may result in revocation of the Massage Establishment license. I understand the information supplied in this application will be used to obtain a criminal record check.

DATE: _____ _____

Signature of Owner/Operator

OFFICE USE ONLY

ATTACH TO LICENSE #_____

FEE DUE:_____RECEIPT#:_____

FOR USE OF SHERIFF'S DEPT.

Approved_____ Disapproved_____

Reason_____

_____

Date_____By_____

FOR USE OF FINANCE DEPT.

Approved_____ Disapproved_____

Reason_____

_____

Date_____By_____

LIVE SCAN FINGERPRINTING

San Diego County Office of Education does fingerprinting Monday through Friday, from 8:30 a.m. to 4:00 p.m. There is a $17 fee, which can be paid by money order or cashier's check only, payable to SDCOE. They are located at 255 Pico Ave. #102 in San Marcos. **Make your appointment online at www.sdcoe.net/livescan/week.asp.**

LiveScan San Marcos does fingerprinting Monday through Friday, from 9 a.m. to 5 p.m. and Saturdays, from 9 a.m. to 2 p.m. There is a $20 fee, which can be paid with cash, money order or credit card. They are located at 439 W. San Marcos Blvd. #C in San Marcos. **Call for an appointment at (760) 752-1072 or visit www.livescansm.com.**

For more locations please visit www.ag.ca.gov/fingerprints/publications/contact.htm.

You must:

1. **Take the completed Request for Live Scan Service form with you.**

2. **Present photo identification.** The photo identification MUST be one of the following: a valid driver license, a valid California identification card, a valid passport, a valid military identification card, or a valid alien registration card. Other types of identification will not be accepted**.**

3. **At the Live Scan location you will be required to pay a rolling fee and a $32.00 fingerprint processing fee.**

4. **Return the SECOND COPY of the Request for Live Scan Service form to the City of San Marcos, Finance Department.**

Directions to Live Scan San Marcos
439 W. San Marcos Blvd. #C, San Marcos:

From 78 East
Exit San Marcos Boulevard
Left on W. San Marcos Boulevard
439 W. San Marcos Blvd. is on the Right

From 78 West
Exit San Marcos Boulevard
Right on San Marcos Boulevard
439 W. San Marcos Blvd. is on the Right

Please visit the following website for directions to the North County Regional Education Center:
www.sdcoe.net/hrt2/ncrec/?loc=directions

State of California

Department of Justice

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Print | Clear Form

Applicant Submission

ORI: A1633 (Code assigned by DOJ)

Type of Application: SPECIAL LICENSE

Job Title or Type of License, Certification or Permit: MASSAGE ESTAB LICENSE - OWNER/OPERATOR

Agency Address Set Contributing Agency:

CITY OF SAN MARCOS — Agency authorized to receive criminal history information

07026 — Mail Code (five-digit code assigned by DOJ)

1 CIVIC CENTER DRIVE — Street No. Street or PO Box

SHAUNA VUOTI — Contact Name (Mandatory for all school submissions)

SAN MARCOS — City | CA — State | 92069 — Zip Code

(760) 744-1050 X3101 — Contact Telephone No.

Name of Applicant: (Please print) Last First MI

Alias: Last First

Driver's License No:

Date of Birth: Sex: ☐ Male ☐ Female

Misc. No. BIL - APPLICANT TO PAY AT SITE (Agency Billing Number)

Height: Weight:

Misc. Number: N/A

Home Address:

Eye Color: Hair Color:

N/A — Street No. Street or PO Box

Place of Birth:

N/A — City, State and Zip Code

Social Security Number:

Your Number: OCA No. (Agency Identifying No.)

Level of Service: ☑ DOJ ☐ FBI

If resubmission, list Original ATI Number:

Employer: (Additional response for agencies specified by statute)

Employer Name

Street No. Street or PO Box

Mail Code (five digit code assigned by DOJ)

City State Zip Code

( ) Agency Telephone No. (optional)

Live Scan Transaction Completed By: Name of Operator

Date

Transmitting Agency

ATI No.

Amount Collected/Billed

ORIGINAL – Live Scan Operator; SECOND COPY – Applicant; THIRD COPY (if needed) – Requesting Agency

State of California

Department of Justice

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Print | Clear Form

Applicant Submission

ORI: A1633 (Code assigned by DOJ)

Type of Application: SPECIAL LICENSE

Job Title or Type of License, Certification or Permit: MASSAGE ESTAB LICENSE - OWNER/OPERATOR

Agency Address Set Contributing Agency:

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Agency authorized to receive criminal history information

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1 CIVIC CENTER DRIVE
Street No. Street or PO Box

SHAUNA VUOTI
Contact Name (Mandatory for all school submissions)

SAN MARCOS CA 92069
City State Zip Code

(760) 744-1050 X3101
Contact Telephone No.

Name of Applicant: (Please print) Last First MI

Alias: Last First

Driver's License No:

Date of Birth: Sex: ☐ Male ☐ Female

Misc. No. BIL - APPLICANT TO PAY AT SITE
Agency Billing Number

Height: Weight:

Misc. Number: N/A

Home Address:

Eye Color: Hair Color:

N/A
Street No. Street or PO Box

Place of Birth:

N/A
City, State and Zip Code

Social Security Number:

Your Number:
OCA No. (Agency Identifying No.)

Level of Service: ☑ DOJ ☐ FBI

If resubmission, list Original ATI Number:

Employer: (Additional response for agencies specified by statute)

Employer Name

Street No. Street or PO Box

Mail Code (five digit code assigned by DOJ)

City State Zip Code

( )
Agency Telephone No. (optional)

Live Scan Transaction Completed By:
Name of Operator

Date

Transmitting Agency

ATI No.

Amount Collected/Billed

ORIGINAL – Live Scan Operator; SECOND COPY – Applicant; THIRD COPY (if needed) – Requesting Agency

State of California

Department of Justice

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Print | Clear Form

Applicant Submission

ORI: A1633 (Code assigned by DOJ)

Type of Application: SPECIAL LICENSE

Job Title or Type of License, Certification or Permit: MASSAGE ESTAB LICENSE - OWNER/OPERATOR

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SHAUNA VUOTI
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SAN MARCOS CA 92069
City State Zip Code

(760) 744-1050 X3101
Contact Telephone No.

Name of Applicant: (Please print) Last First MI

Alias: Last First

Driver's License No:

Date of Birth: Sex: ☐ Male ☐ Female

Misc. No. BIL - APPLICANT TO PAY AT SITE
Agency Billing Number

Height: Weight:

Misc. Number: N/A

Home Address:

Eye Color: Hair Color:

N/A
Street No. Street or PO Box

Place of Birth:

N/A
City, State and Zip Code

Social Security Number:

Your Number:
OCA No. (Agency Identifying No.)

Level of Service: ☑ DOJ ☐ FBI

If resubmission, list Original ATI Number:

Employer: (Additional response for agencies specified by statute)

Employer Name

Street No. Street or PO Box

Mail Code (five digit code assigned by DOJ)

City State Zip Code

( )
Agency Telephone No. (optional)

Live Scan Transaction Completed By:
Name of Operator

Date

Transmitting Agency

ATI No.

Amount Collected/Billed

ORIGINAL – Live Scan Operator; SECOND COPY – Applicant; THIRD COPY (if needed) – Requesting Agency

Massage Supplemental Questionnaire

Attach to License No._____

BUSINESS NAME:_____ **BUSINESS PHONE:**_____

BUSINESS ADDRESS:_____
(Number) (Street) (City) (State) (Zip)

Owner/Operator/Manager Name		**State Certified CAMTC #**
_____	☐ OWNER ☐ OPERATOR ☐ MANAGER	☐ YES ☐ NO _____
_____	☐ OWNER ☐ OPERATOR ☐ MANAGER	☐ YES ☐ NO _____
_____	☐ OWNER ☐ OPERATOR ☐ MANAGER	☐ YES ☐ NO _____
_____	☐ OWNER ☐ OPERATOR ☐ MANAGER	☐ YES ☐ NO _____
_____	☐ OWNER ☐ OPERATOR ☐ MANAGER	☐ YES ☐ NO _____

Therapists (Attach additional sheet if necessary and a copy of each Therapists CAMTC certificate):

Full Name	**CAMTC#**	**CAMTC Expiration**	**Independent Contr. (Needs Bus License)**	**Employee (Attach Cert)**
			☐ YES ☐ NO	☐ YES ☐ NO
			☐ YES ☐ NO	☐ YES ☐ NO
			☐ YES ☐ NO	☐ YES ☐ NO
			☐ YES ☐ NO	☐ YES ☐ NO
			☐ YES ☐ NO	☐ YES ☐ NO
			☐ YES ☐ NO	☐ YES ☐ NO
			☐ YES ☐ NO	☐ YES ☐ NO

Percentage Breakdown of Uses:

Massage_____ **Body Wrap**_____

Acupressure_____ **Skin Care**_____

Other Uses:

Type_____ **Percentage**_____

Type_____ **Percentage**_____

SUBMIT FLOOR PLAN OF PROPOSED ESTABLISHMENT (NEW ESTABLISHMENTS ONLY)

I declare under penalty of perjury that the above information is true and correct. I certify that my business will use only State Certified Therapists to provide massage services. I acknowledge and understand that using a Non-State Certified Therapist to provide massage services, would constitute a violation of the Municipal Code and I may be subject to criminal, civil or administrative penalties and subject my business license and/or massage establishment license to suspension or revocation. I also understand that an owner/operator which is listed above must be on-site during all business hours. I have read and understand sections 5.44 et seq. of the San Marcos Municipal Code of regulatory ordinances pertaining to Massage Establishments.

_____ _____

Date Signature of Applicant