

**MASSAGE ESTABLISHMENT PERMIT APPLICANTS**  
**(NEW AND RENEWAL)**

Section B22-2. Permit required.

- (a) No person, partnership, corporation or other entity shall have an ownership interest in or operate a massage establishment without first obtaining an establishment permit from the Sheriff.
- (b) No person shall serve as a massage therapist without first obtaining a therapist permit from the Sheriff.
- (c) No person shall serve as a massage therapist trainee without first obtaining a trainee permit from the Sheriff.
- (d) No person shall employ as a massage therapist or a massage therapist trainee in a massage establishment any person who does not possess a current therapist permit or trainee permit.

Effective February 7, 2001, the authority for issuance of massage establishments permits in the unincorporated area of Santa Clara County will be the responsibility of the Office of the Sheriff. Blank application forms will be available at the Sheriff's Operations window located on the first floor of 55 W. Younger Ave. San Jose, Ca 95110.

If the owner of a massage establishment is going to perform massages they must meet all requirements for and receive an individual massage permit. The fee for an individual massage permit will be waived if the establishment and individual massage permits are filed for at the same time. If the owner of a massage permit is not going to perform massages they must submit a letter with this application stating they will not be performing massages.

**If you are applying for a *NEW* establishment permit, you must contact the County Planning Commission at (408) 299-5770 to complete a Land Development Permit Application, obtain as Assessor's parcel map for the subject parcel, and set a date for a hearing. Once the applicant has contacted the Planning Department, contact the Office of the Sheriff at (408) 808-4760 to make an appointment to start the background process. Bring this completed application and a copy of all planning department paperwork to the livescan appointment. Any documents delivered after the livescan appointment can be delivered to the Sheriff's Department operations window located on the first floor. The documents must be placed in an envelope marked "ATTENTION CIVU, DEP. OBERST"**

For establishment permit renewals it is the responsibility of the applicant to contact Sheriff's Records personnel for the Livescan fingerprinting process (background check) at (408) 808-4760 to reserve a date and time to have the Livescan process completed. The completed application and non-refundable fee must be delivered to the Sheriff's Office Livescan Records Unit at the time the Livescan. It is recommended that the required documents (copies included) be brought at the time the Livescan is completed to facilitate the application process. Any documents delivered after the livescan appointment can be delivered to the Sheriff's Department operations window located on the first floor. The documents must be placed in an envelope marked "ATTENTION CIVU, DEP. OBERST"

The background investigation will begin once CIVU has obtained the completed application from Livescan.

## LIST OF REQUIRED MATERIAL

All Massagist Certificates of Registration must include the following:

1. Application Form – General Information
2. Livescan Information Form/Background Form
3. Fees in the amount determined by the Board of Supervisors (see schedule below)
4. Copy of a valid California Driver’s License, California I.D., or U.S. Passport
5. Copy of Certificate from State certified recognized school of massage indicating at least 300 hours of training, or  
Copy of Certificate from State certified recognized school of massage indicating 200 hours of training and 100 hours of documented supervised experience, or  
Proof of certification by the National Certification Board for Therapeutic Massage and Bodywork.
6. Authorization to Release Information (notarization not required)

<b>FEE SCHEDULE (NON-REFUNDABLE) DUE AT TIME OF APPLICATION</b>	
<b>PERMIT FEES</b>	<b>BACKGROUND FEES</b>
New Establishment Fee \$1200.00	Livescan Fingerprint Fee \$20.00
Renew Establishment Fee \$980.00	Law Enforcement Specialist Fee (Records) \$77.00
New Individual Massage Therapists/Trainees \$495.00	DOJ Processing Fee \$32.00
Renew Individual Massage Therapists/Trainees \$360.00	<b>TOTAL FEE: \$129.00</b>

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***OFFICE USE ONLY***

APPLICANT: \_\_\_\_\_ APPLICATION RECEIVED: \_\_\_\_\_  
Date

TOTAL AMOUNT DUE: \_\_\_\_\_ TOTAL AMOUNT RECEIVED: \_\_\_\_\_  
Date

**Administrative Permit Application**  
Massage Therapy Establishment

Page 1

<b>Type of Application Requested:</b> <input type="checkbox"/> New License <input type="checkbox"/> License Renewal
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**Applicant Information (please print):**

Name (Last, First, Middle, other):
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Birth Date:	Driver's License/ID #:
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Social Security #:	Telephone #:
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Address:	City:	State:	Zip:
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**LOCATION OF THE PROPOSED MASSAGE ESTABLISHMENT:**

Business Name:	Telephone:
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Street Address:	City:	State:	Zip:
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Is the proposed Massage Establishment location owned by the applicant or leased? <input type="checkbox"/> Owned <input type="checkbox"/> Leased
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If leased-Property Owner's name:	Telephone:
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Street Address:	City:	State:	Zip:
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Lease Expires:	Special conditions:
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**Ownership or Interest in the Establishment:**

Note: If the applicant is part of a partnership, corporation, trust, company, trust or any other type of legal business entity, please complete the attached "form B: List of Owners or others with a property interest in the establishment".

Business Owner:	Telephone:
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Street Address:	City:	State:	Zip:
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Business Operator:	Telephone:
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**Administrative Permit Application  
Massage Therapy Establishment**

**Continuation Page 2**

Names of previous establishments: List the names and addresses of the establishments where the applicant (includes a business entity) practiced or conducted any similar business within twenty-four (24) months immediately prior to the date of this application.

Business Name: \_\_\_\_\_ Dates: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Name: \_\_\_\_\_ Dates: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Two most recent previous addresses & dates of residency:

Address: \_\_\_\_\_ Dates: \_\_\_\_\_

Address: \_\_\_\_\_ Dates: \_\_\_\_\_

List employment history for the preceding five (5) years from the date of application: (continue on a blank page if needed)


Have you or any of the Officers/Owners been arrested or issued a citation for any offense other than a traffic offense?      \_\_\_ YES                      \_\_\_ NO

If yes, reason for arrest: (continue on a blank page if needed)


When: \_\_\_\_\_ Where: \_\_\_\_\_



## Authorization To Release Information

To Whom It May Concern:

I am an applicant for Massage Therapist, Massage Therapist Trainee or Massage Establishment (circle one) in the unincorporated area of Santa Clara County, a California County. This position requires a background investigation by the Office of the Sheriff into all areas of my background, which may affect my suitability for this permit.

I hereby authorize you, your organization, and/or persons in your employ to release any and all information, which you may have about me, including information that may be of a confidential, privileged and/or derogatory nature as stated in Section B22 of the Santa Clara County Ordinance Code. I release and hold harmless you, your organization, its officers, agents or assigns from any liability or damages, whether in law or equity, for furnishing information requested by the bearer of this authorization form.

I reserve the right to refute or dispute any information that results in a denial of this license. You may retain this form for your files.

This authorization to release information about me is valid for one (1) year from the date of my signature of this form. A photocopy of this release is to be considered as a valid as the original.

NOTE: Notarization not required.

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Applicant's Signature

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Applicant's Printed Name

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Social Security Number

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Driver's License No.

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Date

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Notary Seal (if used)

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Notary Signature (if used)

## SIGNED DECLARATION/WAIVER

DATE: / /

TO WHOM IT MAY CONCERN:

Under penalty of perjury, I hereby declare that I will not personally engage in the practice of massage services at \_\_\_\_\_(include Establishment name and address-location.) This is pursuant to Santa Clara County Ordinance B22, which regulates the practice of massage therapy and the licensing of the same in the unincorporated area of Santa Clara County.

I am the owner of \_\_\_\_\_ and pursuant to Co.Ord. B22-4 (C) will not personally engage in the practice of massage services at this massage establishment.

SIGNED: \_\_\_\_\_

### Directions for making Livescan Fingerprinting appointments online

Log on to: [www.sccsheriff.org](http://www.sccsheriff.org)

- Click on the Fingerprinting Appointments link.
- Choose “Make a Fingerprint Appointment Here”.
- **Website is a secure site. All information requested with an \* is required.**
- Use the tab key (not the enter key) to move from box to box.
- Some boxes have help information available. Point your mouse over the box for help information to appear.
- Obtain ORI #, Mail Code, and Billing # (if applicable) from your agency.
- When choosing a date & time, times with a red \* are taken. Only times with open circles are available.
- Print a copy of the appointment confirmation page & 3 copies of the applicant profile page and bring with you during your appointment.

OR Call (408) 808-4760 for phone appointment if no online access.

NO WALK-INS PLEASE

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