



SPECIAL LICENSE PERMIT APPLICATION AND INFORMATION OUTLINE

MESSAGE ESTABLISHMENT, MESSAGE TECHNICIAN, OUTCALL MESSAGE ENDORSEMENT

This outline provides you with information on how to apply for a Special License: Message Establishment, Message Technician, Outcall Massage Endorsement. We hope that the information will be beneficial in instructing you on what information is required and what steps must be taken to review your application. The more thorough and complete the application submitted to the Town, the better we are able to serve you and help you achieve your goals.

Included is the **MESSAGE PERMIT APPLICATION**. Should you have any questions, please contact the Planning Division at (760) 369-6575 x317 or x328. The Planning Division is located in the Community Development/Public Works Department building at 58928 Business Center Dr. off of Indio and Yucca Trail, north of the Monterey Business Center. You may visit our website for additional information at:

<http://www.yucca-valley.org/departments/planning.html>

What is a Special License?

A Special License provides approval for certain uses to be allowed in certain zones in addition to the uses that are specifically permitted or to allow for uses that may require an additional level of review.

Massage licenses are regulated by the State of California through Business and Professions Code Section 4600 et seq. If the applicant chooses not to apply for a state license, or is requesting to open a massage establishment, the process is regulated through Town of Yucca Valley Ordinance 96. A license issued by the Town of Yucca Valley will authorize the licensee to conduct massage therapy or operate a massage establishment. The licensed person shall be permitted to conduct activity only during permitted hours. There shall be no activity until the license is issued. You can find more information on State licenses at www.camtc.org.

Massage Technician

A Massage Technician License allows the applicant to engage in the practice of massage therapy. This license requires graduation from an accredited school or a license from the State of California.

Town of Yucca Valley
Community Development Department
Planning Division
58928 Business Center Dr
Yucca Valley, CA 92284
760 369-6575 Fax 760 228-0084
www.yucca-valley.org

Massage Establishment

A Massage Establishment License allows the applicant to operate a fixed place of business for the practice of massage therapy. The operator of a massage establishment is not required to obtain a license from the State of California or to have graduated from an accredited school. However, all technicians shall have a valid license from the State of California or the Town of Yucca Valley.

Outcall Massage Endorsement

An Outcall Massage Endorsement allows the applicant to engage in the practice of massage therapy at a location designated by the client rather than at a fixed place of business. An Outcall Massage Endorsement graduation requires from an accredited school including 500 hours of instruction.

Fees

The fee for processing a massage license must be paid to the Town at the time the application is filed. The fees for Massage License are as follows:

Massage Establishment	\$133
Massage Technician	\$ 55
Outcall Massage Endorsement	\$133
Outcall Massage Renewal	\$ 55

Submittal Requirements

For a Massage Technician License, the following information shall be submitted along with the completed application form:

- Livescan fingerprints of the applicant taken within thirty days of the submittal.
- Two front face portrait photographs (at least two inches by two inches in size), taken within thirty days of the submittal
- The name and address of the recognized school attended, the dates attended and a copy of the diploma and transcripts.
- Five letters of recommendation from bona fide permanent residents of the United States, other than relatives, to include address and phone number.
- A medical certificate signed by a physician, licensed to practice in the State of California, dated within seven days of the application.

To obtain a Massage Establishment Permit, an inspection of the property will be conducted by the Planning Division to verify compliance with Development Code regulations.



Massage License Application

Date Received _____
By _____
Fee _____
Case # _____

- Massage Establishment Outcall Massage Endorsement
 Massage Technician New Renewal

General Information

APPLICANT _____ Phone _____ Fax _____
 Mailing Address _____ Email _____
 City _____ State _____ Zip _____
REPRESENTATIVE _____ Phone _____ Fax _____
 Mailing Address _____ Email _____
PROPERTY OWNER _____ Phone _____ Fax _____
 Mailing Address _____ Email _____
 City _____ State _____ Zip _____

Massage Establishment Information

Name of Massage Establishment _____
 Business Address _____
 Business Owner _____
 Phone Number _____ E-mail _____
 Hours of Operation _____ Number _____ of Employees _____

FOR MESSAGE ESTABLISHMENTS:
PLEASE NOTE: IF, UPON INSPECTION BY THE PLANNING DIVISION, ISSUES ARISE THAT REQUIRE INSPECTION BY THE BUILDING AND SAFETY DIVISION, A FIELD INVESTIGATION PERMIT AND SUBSEQUENT PERMITS FOR ANY NON-PERMITTED CONSTRUCTION MAY BE REQUIRED ALONG WITH APPROPRIATE PERMIT AND PLAN CHECK FEES.

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 Community Development Department
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Massage Technician Information

Address Immediately Prior to Present Address of Applicant:

1. Address _____ City _____ State _____

2. Address _____ City _____ State _____

Date of Birth _____ Drivers License _____ Social Security # _____

Weight _____ Height _____ Hair _____ Eyes _____ Sex _____

Name of School Attended _____

Address _____ City _____ State _____ Zip _____

Dates of Attendance _____

(Provide copy of diploma or certificate of graduation and copy of transcripts)

Have you ever been convicted of a felony or misdemeanor? _____

If yes, please explain. (Do not include misdemeanor traffic violations)

Under penalty of perjury, I declare that all information on this application is, to the best of knowledge and belief, a true and correct statement of fact. I understand that in addition to obtaining a permit/license, I must comply with all other city, county, state and federal laws regulations and ordinances.

Note: This application does not constitute a license. The application will be reviewed and determination will be based upon provided information. A renewal application must be submitted annually and is the responsibility of the applicant.

Applicant Signature _____

Property Owner Signature _____

Owner/Applicant Authorization

Applicant/Representative: I/We have reviewed this completed application and the attached material. The information included with this application is true and correct to the best of my/our knowledge. I/We further understand that the Town may not approve the application as submitted, and may set conditions of approval. Further, I/We understand that all documents, maps, reports, etc., submitted with this application are deemed to be public records. This application does not guarantee approval or constitute a building permit application

Signed: _____

Date: _____

Property Owner: I/We certify that I/We are presently the legal owner(s) of the above described property (If the undersigned is different from the legal property owner, a letter of authorization must accompany the form). Further, I/We acknowledge the filing of this application and certify that all of the above information is true and accurate. I/We understand that I/We are responsible for ensuring compliance with conditions of approval. I/We hereby authorize the Town of Yucca Valley and or/its designated agent(s) to enter onto the subject property to confirm the location of existing conditions and proposed improvements including compliance with applicable Town Code Requirements. Further, I/We understand that all documents, maps, reports, etc., submitted with this application are deemed to be public records. This application does not guarantee approval or constitute a building permit application. I am hereby authorizing

_____ to act as my agent and is further authorized to sign any and all documents on my behalf.

Signed: _____

Dated: _____