



RIVERSIDE POLICE DEPARTMENT MESSAGE ESTABLISHMENT PERMIT INFORMATION SHEET



GENERAL INFORMATION

The City of Riverside Municipal Code 5.52.040 has the following Message Establishment Permit requirements.

A. No person shall, own, operate, or manage any message establishment in any location within the City without first having obtained a message establishment permit. (SEE EXEMPTIONS UNDER 5.52.030 - EXCEPTIONS)

B. Any person desiring to obtain a Message Establishment Permit shall first file with the Police Department an application in writing upon a form as prescribed by the Chief of Police and accompanied by a non-refundable application fee in such amounts established by resolution of the City Council.

The following steps must be completed in order to obtain a Message Permit within the city of Riverside:

1. Review Riverside Municipal Code Chapter 5.52.040.
2. Application: Completed in full (Including Property Owner Consent/Notary).
3. Pre-Application form (Zoning Approval).
4. Riverside Business Tax License (Copy of current license).
5. Original State Certificate and ID issued by California Massage Therapy Council (CAMTC).
As applicable, copies will be made.
6. Valid Photo Identification.
7. Copy of Lease / Proof of Ownership (Rental Agreement / Mortgage, etc.)

Submit items 3-7 along with completed application. Application processing may take up to 90 days. Once application has been approved, the Message Establishment Permit will be issued.

FEES: (Credit / Debit card or Cash / Check / Money Order Payable to City of Riverside)

- \$919 Massage Establishment Permit Fee (New business/Change of Ownership)
- \$32 Department of Justice Livescan Fee
- \$584 Massage Establishment Permit Renewal Fee

THIS PERMIT MUST BE RENEWED EVERY YEAR

THERE IS NO GRACE PERIOD FOR RENEWALS. RENEWAL APPLICATIONS MUST BE RECEIVED BEFORE THE EXPIRATION OF YOUR LICENSE OR YOU WILL HAVE TO RE-APPLY AND PAY ANY APPLICABLE FEES. ALL FEES ARE NON-REFUNDABLE.

Complete applications will be accepted **by appointment only (walk-ins will not be seen)**. To schedule an appointment, contact the Special Investigations Division- Vice Unit at (951) 353-7614. Appointments will be seen at the Riverside Police Department - Magnolia Station, located at 10540 Magnolia Avenue, Riverside, CA 92505.

For further questions contact the Special Investigations Division - Vice Unit at (951) 353-7614 or e-mail RPDVice@RiversideCa.gov.

Pre-Application Zoning Approval

Applicant Name: _____

Type of Business: _____

License/Permit Type: _____

Proposed Business Site: _____

City Planning Approval: ☐ Zoning Approved
☐ Zoning Not Approved

City of Riverside Planning Approver:

Staff Name: _____

Title: _____

Telephone: _____

The undersigned acknowledges and understands that the approval set forth on this form in no way represents that the business proposed to be conducted on the site listed above, complies with applicable zoning laws, planning requirements or use permits, and that additional conditions may need to be met prior to conducting business on the site.

Contact the Planning Department directly prior to beginning your business.

(Applicant Signature)

(Print or Type Name)

Massage Establishment Permit Application

What are you applying for? ☐ Massage Establishment Permit
☐ Renewal Massage Establishment Permit

Please Complete This Section First

1. Do you understand the questions in this Massage Application?

☐ Yes ☐ No

Applicant's Name:

Applicant's Signature

Date

2. Translator or Interpreter Acknowledgement:

a. Do you need a translator or interpreter to understand the questions within this Massage Application?

☐ Yes ☐ No

If "Yes," please list language and dialect:

Language:

Dialect:

b. Has the translator assisted you in understanding the questions within this application?

☐ Yes ☐ No

Translator/Interpreter Name (Print)

Translator/Interpreter Signature

Date

Relationship to Applicant

Applicant's Name (Print)

Applicant's Signature

Date

3. Applicant's Name _____
(Last) (First) (Middle)

4. List any and all names, nicknames or aliases you have used in the past:

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5. Home Address: _____
(Street Address)

(City) (State) (Zip)

Home Telephone Number: _____ Cell Phone Number: _____

6. List all the places you have lived for the past 5 years:

Dates	Street Address	City	State

7. Mailing address (if different from Home Address):

(Street Address) (City) (State) (Zip)

8. E-mail Address: _____

9. Driver's License or Identification Number: _____ State of Issuance: _____

10. Other Identification: _____ Number: _____

11. Social Security Number: _____

12. Place of Birth: _____ Date of Birth: _____

13. Current Employment: _____
 (Business Name)

 (Street Address) (City) (State) (Zip)
 Business Telephone Number: _____

14. HOURS OF OPERATION

Hours	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open							
Close							

15. Employment History for the past 5 years:

Dates	Employer	Address	Telephone #	Reason for Leaving

16. All name(s) under which you will advertise and/or conduct your business:

17. Address where you will conduct business:

(Street Address) (City) (State) (Zip)

18. **(For Massage Establishment Permits Only)** I understand that I must attach a signed and notarized Acknowledgment of Property Owner form at the time of the initial application and all location changes.

Applicant's Initials _____

19. Have you held any similar licenses, permits or certificates in the last five years?

☐ Yes ☐ No If "Yes," please list:

Type	Date Issued	Date Expired	Issuing Agency

20. a. Have you had any application for a similar license, permit or certificate denied?

☐ Yes ☐ No If "Yes," explain:

b. Have you had any similar license, permit or certificate issued to you revoked?

☐ Yes ☐ No If "Yes," explain:

c. Have you had any similar license, permit or certificate issued to you suspended?

☐ Yes ☐ No If "Yes," explain:

21. Have you ever been arrested or given a citation for violating any law related to massage or a similar practice?

☐ Yes ☐ No If "Yes," list dates and locations, and explain:

22. To your knowledge, have any business partners, employees, or persons working at your establishment ever been arrested or given a citation for violating any law related to massage therapy?

☐ Yes ☐ No If "Yes," list dates and locations, and explain:

23. To your knowledge, have any business partners, employees, or persons working at your establishment ever been arrested or given a citation for violating any law related to a similar non-massage practice? (example: spa, chiropractic, acupuncture, etc)

☐ Yes ☐ No If "Yes," list dates and locations, and explain:

24. Have you ever worked at a similar business that did not require a license? (example: spa, chiropractic, acupuncture, etc)

☐ Yes ☐ No If "Yes," list dates and locations, and and names under which the practice or business was conducted:

25. In the past 10 years, have you been arrested or convicted of a crime?

☐ Yes ☐ No If "Yes," provide the following:

Offense	Date of Arrest/Conviction	Location	Parole or Probation?

26. List any and all persons, associations, partnerships, or corporations holding an interest or involvement in the practice for which you are applying:

Name	Title	Address	Phone Number

27. Have you read and understand Riverside Municipal Code Chapter 5.52, which applies to massage therapist and massage businesses?

☐ Yes ☐ No

Applicant's Initials _____

Riverside Police Department shall complete an investigation of the qualifications and moral character of the applicant and either grant or deny the permit within ninety (90) days after the submission of the completed application; provided, however, if good cause exists, the Riverside Police Department may extend the period of investigation for an additional thirty (30) days, provided the applicant is mailed notification or verbally notified that the investigation has not been completed.

1. I have read the provisions of Chapter 5.52 of the Riverside Municipal Code governing the practice of Massage.	Initials: _____
2. I understand that I am required to comply with all laws related to massage therapy and massage businesses. If this application is approved, I agree to abide by applicable laws and ordinances.	Initials: _____
3. I understand that I must apply for renewal of my permit or certificate before it expires. I also understand that if I do not apply for my renewal before the expiration date, I will be required to re-apply and pay all application fees.	Initials: _____
4. I have read this entire application and all of the answers provided above. I understand that any material misrepresentation or omission, intentional or not, may result in the denial of this application or revocation of any license, permit or certificate issued pursuant to this application.	Initials: _____
5. I hereby declare that I am authorized to submit this application on behalf of the entity or individual listed on the application because I am an owner of the entity, I have authority from the owner or am the owner.	Initials: _____
6. I acknowledge that any false, misleading, or fraudulent statement of material fact in this application by an agent of an owner, or an owner, will be held against the owner and is grounds for denial of this application, or suspension or revocation of the permit associated with this application.	Initials: _____

7. I hereby declare that I have read and understand all the laws, rules and regulations, and policies and procedures associated with this application; and that I fully understand the nature, meaning, and content of such laws, rules, and policies. I warrant and represent that I will adhere to all laws, rules, and policies, during the application process and after a permit is issued by the City.	Initials: ____
8. I hereby declare that I have conducted my own research and investigation regarding the compliance of the proposed location with state and local laws, including, but not limited to, location requirements, zoning regulations, and address requirements. I further declare that the proposed location of the Massage Permit fully complies with applicable state and local law.	Initials: ____
9. I acknowledge that any promise, representation, or any other statement made to me by any agent or employee of the City that is not contained within this application is null, void, and unenforceable and that I am not relying on any such promise, representation, or statement.	Initials: ____
10. I acknowledge the City will review this application for compliance with applicable laws, regulations, and ordinances, and that this application may be denied as allowed by laws, rule, or policies of the City.	Initials: ____
11. I acknowledge that this application does not confer an entitlement or a vested right to receive a permit, and I acknowledge that I must follow all rules and procedures to obtain a permit prior to operating or otherwise claiming that I have any such right to a permit or to operate.	Initials: ____
12. I hereby declare that I have read this acknowledgement and advisement, that I have had the opportunity to consult with, and be represented by, legal counsel of my own choice prior to the execution and submission of this application, and that I am knowingly and voluntarily submitting this application in compliance with this acknowledgement and advisement and all applicable laws.	Initials: ____
13. I acknowledge that I am jointly and severally liable for any and all taxes, fees, and charges associated with the permit.	Initials: ____
14. I consent for the City of Riverside, by and through its appropriate officers, agents, and employees to verify and confirm the information contained in this application, and to conduct such other investigations as may be reasonably required by the City of Riverside, its officers, agents, and employees for the purpose of determining the capability, fitness, and capacity of the applicant to obtain a Massage Establishment Permit.	Initials: ____
15. Whenever there is a change in information that was required to be submitted in the application. Such notification shall be in writing to the Riverside Police Department within ten (10) business days of the change.	Initials: ____
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	

Print Name

Applicant's Signature

Date

PROPERTY OWNER CONSENT AND AUTHORIZATION
OF MASSAGE ESTABLISHMENT ACTIVITIES

I, _____, declare under penalty of perjury that
(Name of Property Owner/Authorized Representative)

1. I am the Property Owner of record, or the duly authorized representative of the Property
Owner, for the real Property located at _____ (“the
(Address)
Property”)

2. The Property Owner acknowledges and consents to the business, _____,
(Business Name)
_____, conducting the proposed
Tenant Applicant Name (Corporation/LLC/Partnership/Sole Owner)
message activities at the Property.

3. No person shall engage in any massage activities on the proposed Property without all
licenses and permits required by the Riverside Municipal Code (RMC) while a massage
application is pending.

4. The City of Riverside may enter the property to conduct inspections of the Property during the
application process in order to thoroughly investigate whether a massage permit should be
granted.

5. I have read, understand, and will ensure compliance with the terms in RMC Section 5.52
(Massage), as applicable. I further understand that as the legal owner of the property, I may be
held responsible for any future violations and nuisance activity which may occur at the above-
mentioned property, pursuant to RMC 1.17.020(g)

I certify under penalty of perjury under the laws of the State of California that the foregoing is
true and correct.

(Signature of legal owner/owner representative) (Printed Name & Title) (Date)

(Authorized Representative Business Name) (Authorized Representative Business Address) (Business Telephone)

***This authorization form will not be valid without notarization. The authorization form automatically expires upon sale or transfer of the property to a new legal owner. If sale or transfer of the property occurs prior to the applicant obtaining a massage permit, the applicant must resubmit this notarized form with approval of the new legal owner of the property.**



Riverside Police Department LICENSE APPLICATION NOTARY ACKNOWLEDGMENT



CALIFORNIA ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)

County of _____)

On _____ before me, _____,
Date Here Insert Name and Title of the Officer

personally appeared _____
Name(s) of Signer(s)

_____ ,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are
subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/
her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s),
or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the
laws of the State of California that the foregoing
paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____
Signature of Notary Public

Place Notary Seal and/or Stamp Above