



MESSAGE ESTABLISHMENT APPLICATION

PLANNING SERVICES DIVISION

SUBMITTAL REQUIREMENTS CHECKLIST

INTRODUCTION

The purpose of the regulatory permit is to provide for Planning Director review of applications relating to entertainment, massage and smoking lounges to ensure that they meet the intent of the Zoning Code and General Plan. These are permits that do not require review by the Planning Commission or other hearing body.

PROCEDURES

Applications will be processed according to the Regulatory Permits Processing Schedule listed on the last page of this application. The Planning Director will make a decision on the request within ten business days of receipt. This decision will be final and effective ten (10) days following the date of the decision unless an appeal is filed within that time. A letter will be provided to the applicant describing the decision and any conditions of approval applicable to the project.

APPEALS

Anyone dissatisfied with the decision of the Planning Director may file an appeal. When an appeal is filed, the Administrative Permit will be scheduled for a hearing in front of the City Employee Hearing Officer. All appeals shall be made in writing and filed with the Planning Department within ten (10) days of the decision of the Planning Director. The appeal must be submitted to the Planning Department with payment of an applicable appeal fee and should clearly identify the appellant(s), shall specify the decision appealed and the reasons for appeal.

OFFICE USE ONLY – TO BE COMPLETED BY PLANNER

Initial Contact: _____ Intake Plnr: _____ Assigned Plnr: _____

Case Number(s): _____

Filing Deadline: _____ Decision Due: _____

Decision (see permit): _____

Submittal Requirements:

The following minimum information and materials required for the processing of Regulatory Permits. All plans and materials must be **folded** and be able to fit in a standard 8 ½ x 11 inch folder. Plans need to be drawn to scale and have one of the following minimum dimensions: 11" x 17", 18" x 24", 15" x 21", 24" x 36", or 30" x 42". If you have obtained this application through our website, please contact a planner at 714-765-5139 to confirm applicability of the submittal items.

 MASSAGE ESTABLISHMENTS

- 1. REGULATORY PERMIT APPLICATION Form.
- 2. FEE - Payment amount identified in the Planning and Zoning Fee Schedule.
- 3. CERTIFIED COPY OF LEASE – Submit a copy of the lease identifying the agreement between the owner of the business and property owner.
- 4. SITE PLAN – Submit one copy of a scaled site plan which addresses the following:
 - Parking areas with calculation (Massage establishments require 5.5 parking spaces per 1,000 s.f. of GFA).
- 5. FLOOR PLAN – Submit one floor plan showing restroom facilities and separate men’s and women’s massage rooms. Label table shower if applicable.
- 6. Copy of CAMTC certificate and photo identification (not required if operator not conducting massage).
- 7. If owner is not CAMTC certified, the following is also required and must be processed prior to submittal of the application according to [Fingerprinting Procedures](#):
 - Proof that applicant is at least eighteen years of age.
 - Applicant’s complete business, occupation and employment history for five years preceding application.
 - A complete set of fingerprints taken by the Police Department.
- 8. [Employee and Business Operator Information Sheet](#)*
- 9. Copy of CAMTC certificate and ID card with expiration date and number for each massage technician.
- 10. Detailed description of services
- 11. Identify Designated Responsible Employee (on page 6 of application)
- 12. Read applicable code requirements provided under [Section 18.16.070](#) (Massage).
- 13. Confirmed with City staff that no other massage establishment is within 500 feet, or that location is non-conforming.

* ***Refer to supplemental sheet for additional information.***

APPENDIX A

REQUIREMENTS FOR SITE AND FLOOR PLANS

SITE PLAN REQUIREMENTS:

1. North arrow (orientation of project site should show true north pointing up), scale of drawing (EXAMPLE: 1/4 inch = 1 foot), title block and date of preparation.
2. Name, address, telephone number, and license/registration number of engineer, surveyor, or person responsible for preparation of the plan
3. Name, address and telephone number of applicant.
4. Vicinity map and address of project site and associated buildings.
5. Location of all property lines and easements, including type and dimension.
6. Table summary of acreage, gross square footage, number of units (if applicable), type of construction, allowable floor area versus provided floor area, occupancies and parking spaces required and provided. Only required for new construction.
7. Parking tabulation/analysis that includes the following:
 - a. Tenant addresses and/or unit identification of all units on the property.
 - b. Tenant use and square footage (area) of each tenant space of all units on the property.
 - c. Parking spaces provided and required.
 - d. Existing and proposed handicap spaces and path of travel for accessibility.
8. Dimensions including:
 - a. Required building setback lines.
 - b. Distance between all buildings.
 - c. Distance from structures to property lines.
 - d. Distance to nearest street intersection centerline including names and widths of all adjacent streets
9. Location and use of all existing and proposed structures, landscape areas (include total area of square footages for existing and proposed), parking spaces (total number and dimensions), fences, lighting, trash enclosures, outdoor dining areas, service areas, utility/emergency vehicle access and turn-around areas, passenger drop-off and bus lay-by areas, freestanding signs, etc.).
10. Access and circulation for pedestrians and vehicles, including service areas and location and width of existing driveways on adjacent properties and across street. Show truck and vehicle turning templates as appropriate.

FLOOR PLANS REQUIREMENTS:

1. Name, address and phone number of applicant.
2. North arrow (orientation of project site should show true north pointing up), scale of drawing (EXAMPLE: 1/4 inch = 1 foot), title block and date of preparation.
3. Address of project.
4. Floor plans must include dimensions and purposes of uses for all spaces within floor plan (i.e. dance floor, dining area, kitchen, office, storage, etc.).
5. Existing and proposed occupancy.

MESSAGE ESTABLISHMENT APPLICATION FORM

CITY OF ANAHEIM – PLANNING AND BUILDING DEPARTMENT

BUSINESS INFORMATION:

Business Name:

Business Address or
Location:

City	State	Zip
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Business Phone:	Fax Number:	E-Mail Address:
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Mailing Address:

City	State	Zip
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APPLICANT (BUSINESS OWNER) INFORMATION (the individual or entity financially responsible for the project):

Applicant Name:	Company Name:
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Alias or Maiden Name:	
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Phone No:	Fax No:	E-mail Address:
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Home Address:	City:	Zip Code:
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Place of Birth	Date of Birth:	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
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Age:	Height:	Weight:	Hair Color:	Eye Color:
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Driver's License No.	State	Social Security No.:	Other Licenses Held	State
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I hereby certify under the penalty of perjury that the information given is true and correct. I understand that providing false information or withholding information, including any criminal record, is grounds for denial or revocation of my permit and may subject me to criminal prosecution. I do hereby authorize the City of Anaheim, its agents and employees to seek verification of the information contained on this application and to conduct inspections to determine that the provisions of Chapter 18.16 or other applicable laws are met. I further understand that I may not conduct the activity applied for until a permit has been granted, and that a copy of the City Ordinances regulating Massage Establishments is available to me in the City Clerk's Office or over the Internet at www.anaheim.net (Chapter 18.16 of the Anaheim Municipal Code) and that I am responsible for adhering to those regulations.

Signature

Date

Print Name and Title

CORPORATION, L.L.C. OR PARTNERSHIPS ONLY**Name of Responsible Managing Officer of Corporation, L.L.C. or Partnership:**

Attach copy of Certificate of Limited Partnership, Articles of Organization (L.L.C.) or Articles of Incorporation.

Is this a Corporation, L.L. C. or a Partnership? Corporation L.L.C. Partnership**Name of the Corp., L.L.C., or Partnership** (as shown in above documents):

State of Registration

Registration Number

Date of Registration

If a Corporation, include the names and addresses of each Officer, Director and each Stockholder holding more than five (5) percent of the stock in the Corporation. If a Partnership or LLC, include the names, residence addresses & dates of birth of each of the partners, including limited partners or members.

1 Name	Home Address			
City	State	Zip	Date of Birth (if Partnership)	
2 Name	Home Address			
City	State	Zip	Date of Birth (if Partnership)	
3 Name	Home Address			
City	State	Zip	Date of Birth (if Partnership)	
4 Name	Home Address			
City	State	Zip	Date of Birth (if Partnership)	
5 Name	Home Address			
City	State	Zip	Date of Birth (if Partnership)	

Have any Applicants, Owners, Operators, Officers, Directors, or Stockholders holding five (5) percent or more of the stock in the Corporation or L.L.C., or any Partners or limited Partners of the Partnership been convicted of a crime? Yes No

If yes, provide individual's name, describe offense, where, and date of offense below.

AGENT INFORMATION (IF APPLICABLE):**Applicant Name:****Company Name:****Relationship to Applicant:****Phone No:****Fax No:****E-mail Address:****Address:****City:****Zip Code:**

I have read and understand the obligations regarding the filing and processing of the attached application. Further, the information submitted as part of this application, including maps, plans, drawings, statements and answers contained herein, are in all respects true and correct. The applicant name should match the DTF Setup Form and is the person financially responsible for the payment of fees associated with this request.

Signature: _____ **Date:** _____

PROPERTY OWNER INFORMATION:

Property Owner:

Company Name:

Phone No:

Fax No:

E-mail Address:

Address:

City:

Zip Code:

I have read and understand the obligations regarding the filing and processing of the attached application. Further, the information submitted as part of this application, including maps, plans, drawings, statements and answers contained herein, are in all respects true and correct. I HEREBY CERTIFY that I am the legal property owner of record or his/her authorized representative and acknowledge and authorize the person(s) named above as applicant and agent to represent me and bind me in all matters concerning this Application for Administrative Permit. I approve of the action requested.

Signature: _____ Date: _____

List any other massage establishments or businesses owned by you in which massage is conducted:

Business Name:

Address:

City:

Zip Code:

RESPONSIBLE EMPLOYEE FOR MASSAGE ESTABLISHMENTS (business owner & any other employee designated as responsible employee): I AM THE BUSINESS OWNER AND I INTEND TO ACT AS THE RESPONSIBLE EMPLOYEE, OR I INTEND TO DESIGNATE THE FOLLOWING EMPLOYEE (S) TO ACT AS MY RESPONSIBLE EMPLOYEE

Applicant Name:

Company Name:

Relationship to Applicant:

Phone No:

Fax No:

E-mail Address:

Address:

City:

Zip Code:

Applicant Name:

Company Name:

Relationship to Applicant:

Phone No:

Fax No:

E-mail Address:

Address:

City:

Zip Code:

I hereby certify that I have read and review the code requirements for the massage establishment and I understand that I am responsible for the conduct of all employees, massage technicians, attendants and persons employed as a salaried or contract employee or retained as an independent contractor working on the premises of the massage establishment or any person who volunteers his or her services and that failure to comply with California Business and Professions Code Section 4600 et seq., with any local, state or federal law, or with the provisions of this chapter may result in the revocation of the City-issued permit. ATTACH THE NOTARIZED ACKNOWLEDGEMENT.

Business Owner Signature: _____ Date: _____

Other Responsible Employee Signature: _____ Date: _____

2019 REGULATORY PERMIT FILING SCHEDULE

Filing Deadline	Decision By
12/24/2018	1/9/2019*
1/8/2019	1/23/2019*
1/22/2019	2/5/2019
2/5/2019	2/20/2019*
2/19/2019	3/5/2019
3/5/2019	3/19/2019
3/19/2019	4/2/2019
4/2/2019	4/16/2019
4/16/2019	4/30/2019
4/30/2019	5/14/2019
5/14/2019	5/29/2019*
5/28/2019	6/11/2019
6/11/2019	6/25/2019
6/25/2019	7/10/2019*
7/9/2019	7/23/2019
7/23/2019	8/6/2019
8/6/2019	8/20/2019
8/20/2019	9/4/2019*
9/3/2019	9/17/2019
9/17/2019	10/1/2019
10/1/2019	10/15/2019
10/15/2019	10/29/2019
10/29/2019	11/13/2019*
11/12/2019	11/26/2019
11/26/2019	12/12/2019*
12/10/2019	12/24/2019
12/24/2019	1/9/2020*

**Due date adjusted for holidays*

Request Fee

[Please refer to the Planning & Zoning Fee Schedule](#)