



# RIVERSIDE POLICE DEPARTMENT MESSAGE ESTABLISHMENT PERMIT

## GENERAL INFORMATION

The city of Riverside Municipal Code 5.52.040 has the following massage establishment permit requirements.

- A. No person shall own, operate, or manage any massage establishment in any location within the City without first having obtained a massage establishment permit.  
(SEE EXEMPTIONS UNDER 5.52.030 - EXCEPTIONS)
  
- B. Any person desiring a massage establishment permit shall file, under penalty of perjury, a written application on forms provided by and submitted to the Chief of Police 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 Massage Permit within the city of Riverside.

1. Pre-Application Zoning Approval
2. Acknowledgement of Property Owner (Notary Requirement)
3. Copy of Lease Agreement
4. Original State Certificate and ID issued by California Massage Therapy Council (CAMTC). As applicable, copies will be made.
5. Apply and obtain a Business Tax License.  
The Business Tax Office is located at 3900 Main Street, Riverside, CA 92522.  
For tax information or for electronic filing visit: [www.riversideca.gov/finance/license.asp](http://www.riversideca.gov/finance/license.asp)

### Submit items 1 - 5 along with completed application.

Application processing may take up to 90 days.)

Once application approved, the Massage Establishment Permit will be issued.

The permit will be valid for one (1) year from issue date listed on permit.

### 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 Annual Renewal Fee

Massage Establishment Permits must be **renewed every year**. There is no grace period for permit renewals.

Permit renewal applications must be received prior to expiration of your existing permit or you will have to reapply and pay the full permit fee of \$919, plus the Livescan fee of \$32.

Complete applications will be accepted **by appointment only (walk-ins will not be seen)**.

Appointments are available Tuesday through Thursday from 8:00 AM to 4:30 PM. To schedule an appointment contact Riverside Permits at (951) 353-7614. Appointments will be seen at the Riverside Police Department - Orange Station, located at 4102 Orange Street, Riverside, CA 92501.

For further questions contact the Special Investigations Division - Vice Unit at (951) 353-7206 or e-mail [RPDVice@RiversideCa.gov](mailto: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 Permit Application

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

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### Please Complete This Section First

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

Yes  No

Applicant's Name:

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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

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Translator/Interpreter Name (Print)

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Translator/Interpreter Signature

Date

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Relationship to Applicant

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Applicant's Name (Print)

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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:

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:

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

Yes  No If "Yes," explain:

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

Yes  No If "Yes," explain:

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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:

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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:

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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:

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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:

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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: ____
<b>I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</b>	

\_\_\_\_\_

Print Name

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Date

**PROPERTY OWNER CONSENT AND AUTHORIZATION**

**OF MASSAGE 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)  
massage 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 PERMIT 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*