



# RIVERSIDE POLICE DEPARTMENT MESSAGE ESTABLISHMENT PERMIT INFORMATION SHEET

## 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 to obtain a Massage 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 TO OBTAIN A MASSAGE ESTABLISHMENT PERMIT WITHIN THE CITY OF RIVERSIDE:

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

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

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

<b>\$561.00</b>	Massage Establishment Permit Fee (New Business/Change of Ownership)
<b>\$32.00</b>	Department of Justice Live Scan Fingerprint Fee
<b>\$561.00</b>	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, visit our website at: [RiversideCA.gov/RPD/Permits](https://RiversideCA.gov/RPD/Permits)  
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:

Telephone: (951) 353-7614 | Email: [RPDVice@RiversideCA.gov](mailto:RPDVice@RiversideCA.gov)



**RIVERSIDE POLICE DEPARTMENT**  
**MESSAGE ESTABLISHMENT PERMIT**  
 — PRE-APPLICATION ZONING APPROVAL —

Applicant Name:	
Business Name:	
Type of Business:	License Permit Type:
Proposed Business Site:	

City Planning Approval:	<input type="checkbox"/> Zoning <b>Approved</b>	<input type="checkbox"/> Zoning <b>Not Approved</b>
<b>City of Riverside Planning Approver</b>		
Staff Name:		
Title:		
Phone Number:		

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 at (951) 826-5800 directly prior to beginning your business.  
 3900 Main St., 3rd Floor, Riverside, CA 92522**

Signature of Applicant:
Print or Type Name:



# RIVERSIDE POLICE DEPARTMENT MESSAGE ESTABLISHMENT PERMIT APPLICATION

PERMIT	FEES
<input type="checkbox"/> Massage Establishment Permit Fee (New Business/Change of Ownership)	\$561.00
<input type="checkbox"/> Department of Justice Live Scan Fingerprint Fee	\$32.00
<input type="checkbox"/> Massage Establishment Permit Renewal Fee	\$561.00

<b>SECTION A (PLEASE COMPLETE THIS SECTION FIRST)</b>	
1. Do you understand the questions in this Application? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
Applicant's Name:	
Applicant's Signature:	Date:
<b>2. Translator or Interpreter Acknowledgement</b>	
A. Do you need a translator or interpreter to understand the questions within this Massage Application? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
If "Yes," please list language and dialect:	
Language:	Dialect:
B. Has the translator assisted you in understanding the questions within this application? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
Translator/Interpreter Name (Print):	
Translator/Interpreter Signature:	Date:
Relationship to Applicant:	
Applicant's Name (Print):	
Applicant's Signature:	Date:

## SECTION B - APPLICANT INFORMATION

### 1. Applicant's Name

Last Name:

First Name:

Middle Name:

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

### 3. Home Address

Street Address:

City:

State:

Zip:

Home Telephone Number:

Cell Phone Number:

### 4. Mailing Address (if different from Home Address)

Street Address:

City:

State:

Zip:

### 5. Email Address:

### 6. Driver's License or Identification Number:

Number:

### 7. Other Identification:

State of Issurance:

### 8. Social Security Number:

Date of Birth:

### 9. Current Employment

Business Name:

Street Address:

City:

State:

Zip:

Business Telephone Number:

### 10. Hours of Operation

DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Open AM/PM							
Close AM/PM							

**11. Employment History for the past 5 years**

DATES	EMPLOYER	STREET ADDRESS	TELEPHONE #	REASON FOR LEAVING

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

**13. Address where you will conduct business**

Street Address:	City:	State:	Zip:
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**14. 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. (For Massage Establishment Permits Only)**

Initials: \_\_\_\_\_

**15. 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

<b>16. A. Have you had any application for a similar license, permit or certificate denied?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," explain:	
<b>B. Have you had any similar license, permit or certificate issued to you revoked?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," explain:	
<b>C. Have you had any similar license, permit or certificate issued to you suspended?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," explain:	
<b>17. Have you ever been arrested or given a citation for violating any law related to massage or a similar practice?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," list dates and locations, and explain:	
<b>18. 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?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," list dates and locations, and explain:	
<b>19. 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)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," list dates and locations, and explain:	

**20. Have you ever worked at a similar business that did not require a license?**  Yes  No  
 (example: spa, chiropractic, acupuncture, etc)

If "Yes," list dates and locations, and names under which the practice or business was conducted:

**21. In the past 10 years, have you been arrested and/or convicted of a crime?**  Yes  No

If "Yes," provide the following:

OFFENSE	DATE OF ARREST/ CONVICTION	LOCATION	PAROLE OR PROBATION

**22. 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

**23. Have you read and understand Riverside Municipal Code Chapter 5.52, which applies to massage therapists and massage businesses?**  Yes  No

## SECTION C - DECLARATIONS

<p>1. I have read the provisions of Chapter 5.52 of the Riverside Municipal Code governing the practice of Massage.</p>	Initials: _____
<p>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.</p>	Initials: _____
<p>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.</p>	Initials: _____
<p>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.</p>	Initials: _____
<p>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.</p>	Initials: _____
<p>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 license associated with this application.</p>	Initials: _____
<p>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.</p>	Initials: _____
<p>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 Establishment Permit fully complies with applicable state and local law.</p>	Initials: _____
<p>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.</p>	Initials: _____
<p>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, rules, or policies of the City.</p>	Initials: _____
<p>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.</p>	Initials: _____
<p>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.</p>	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: _____

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.

**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:
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# RIVERSIDE POLICE DEPARTMENT

## MESSAGE ESTABLISHMENT PERMIT

### PROPERTY OWNER ACKNOWLEDGEMENT OF MESSAGE ESTABLISHMENT ACTIVITIES

I, \_\_\_\_\_, declare under penalty of prejury 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 \_\_\_\_\_.  
(Address/"The Property")

2. The Property Owner acknowledges and consents to the business, \_\_\_\_\_,  
(Business Name)  
\_\_\_\_\_  
(Tenant Applicant (Corporation/LLC/Partnership/Sole Owner))

conducting the proposed 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 Establishment Permit 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) and RMC 1.17.020 (G), as applicable.

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

Print Name & Title:	Signature of legal owner/owner representative:	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 firearm dealer license, the applicant must resubmit this notarized form with approval of the new legal owner of the property.**



# RIVERSIDE POLICE DEPARTMENT MESSAGE ESTABLISHMENT PERMIT – NOTARY ACKNOWLEDGEMENT –

## CALIFORNIA ACKNOWLEDGEMENT | 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.

PLACE NOTARY SEAL AND/OR STAMP ABOVE

**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 of Notary Public)



# RIVERSIDE POLICE DEPARTMENT MESSAGE ESTABLISHMENT EMPLOYEE INFORMATION SHEET

Last Name:	First Name:	Middle Name:	Date of Birth:
List any and all names, nicknames or aliases you have used in the past:			
Home Address:	City:	State:	Zip:
Home Telephone Number:		Cell Phone Number:	
Email Address:			
Driver's License or Identification Number:		State of Issurance:	
California Massage Therapy Council Certificate (CAMTC) Number:		Exp. Date:	
Are you an Independent contractor?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If "Yes," attach a copy of your business tax license.</i></b>			
<b>Current Employment Location</b>			
Business Name:			
Business Street Address:	City:	State:	Zip:
Business Telephone Number:			

**I declare under penalty of perjury under the laws of the State of California  
that the above information I am submitting is true and correct.**

\* This application must include original certificate and permit card issued by the California Massage Therapy Council (CAMTC) along with California drivers license or California issued ID. Copies will be made. Renew Annually.  
(Review Riverside Municipal Code (RMC) 5.52.110E Registration for State Certificate Holders)  
**ORIGINAL CERTIFICATE MUST BE POSTED WHILE WORKING.**

**THIS SECTION WILL BE COMPLETED BY RIVERSIDE POLICE DEPARTMENT**

Reviewed by (Police Department Employee Only):	Title:
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