



Bath

Section 103.205.2

STEPS FOR OBTAINING A PERMIT

- 1. Submission:** Applications will not be accepted by mail. Please send your completed application documents by email to pcpermitapplications@lapd.online
- 2. Review:** Once received, an Investigator will review your application for completeness and reach out to schedule your in-person appointment.
- 3. Appointment:** During the appointment you will turn in the original application documents and complete the payment required for processing the permit with the Office of Finance.
- 4. Investigation:** The Investigator assigned to your case will complete the investigation and reach out to schedule your inspection.

PLEASE NOTE

- This permit is not limited to water-based baths, please review the municipal code section relevant to this permit (included in this packet) to determine if it is applicable to your business.
- The cost of this permit is **\$147.00**, subject to change.
- CID does not have a designated area for visitors. If you plan to park on the street, metered parking is limited to 1 hour. Plan ahead, and allow extra time to find a parking garage. Please be prepared for any unexpected delays or parking issues.
- Permits are **not transferable**. If you are moving locations or there is a change in ownership, you are required to re-apply.

If your application remains incomplete 30 days after submission, your case will be filed without further action, and you will NOT be allowed to continue with the process. You may resubmit at any point after you have made the necessary changes to your application.

You can find more information pertaining to this permit at: https://codelibrary.amlegal.com/codes/los_angeles/latest/lamc/0-0-0-193037#JD_103.205.2.



Bath

Section 103.205.2

Business Name: _____

Business Address: _____

Forms & Documents Needed to Complete Application		DONE	N/A
1	Business Information - Face Sheet Form		
2	About My Business Form <i>(Complete form as it pertains to the business)</i>		
3	Owners & Applicants Form <i>(Ownership should equal 100%. If not, explain in the space provided)</i>		
4	Personal Application Form <i>(Each owner must complete a personal application)</i> - DO NOT SIGN UNTIL INSTRUCTED BY INVESTIGATOR OR HAVE FORM NOTARIZED		
5	Copy of the applicant's valid state Driver's License or State Identification - The address must match the applicant's information on the Personal Application - Shall not be expired		
6	Copy of CAMTC ID and CAMTC Certificate (not applicable for massage) - If not CAMTC certified, please complete a Live Scan Form		
7	Completed Live Scan Form - Only valid for 30 days from date on the live scan form, do not complete until instructed to do so by investigator - If residing in California, go to any Live Scan location: https://oag.ca.gov/fingerprints/locations?county=Los%20Angeles - If out-of-state, fingerprint cards are available. These require: 1. Check payable to California Department of Justice for \$32 per card and 2. Request for Exemption form per applicant card		
8	Original Zoning & Clearance From - Bring the form provided (page 9) to the Department of Building and Safety, Zoning Administration - Must submit original form (Signature, date, contact number, and stamp needed or will not be accepted) - Follow the instructions on the procedure form (page 10) to schedule your appointment		
9	Copy of Certificate of Occupancy - Must indicate "Bath" as use or specified in the notes - You may search for your document here: https://ladbsdoc.lacity.org/		
10	Copy of Complete Lease Agreement and/or Finalized Purchase Documents - Must indicate legal/applicant's name(s), business address, current lease dates and "Bath" usage - Include supplemental documents, amendments, & assignments. Provide a lease history chart if needed. Anyone listed as a lessee and/or guarantor must submit a personal application		
11	Affidavit of Property Owner - Consent to Operate (if needed) - Needed if the lease does not state the type of usage in the lease - Must be filled out and signed by the property owner or a property agent - If the owner is unable to be present to sign at the appointment, the form must be notarized		
12	Requirements for Applicants Applying Through an Aide - Consultant teams will need a letter of authorization from the applicant to submit-If an employee of the applicant is submitting, use a Designation of Qualified Manager form (page 12)		
13	Copy of Fictitious Name Statement <i>(not required if the legal name and the DBA are the same)</i> - Required for all applicants (whether sole proprietorship, partnership, LLC, corporation, etc.). Your business's DBA must be registered with the County of Los Angeles: https://www.lavote.gov/home/county-clerk		
14	Entity Checklist - Refer to page 3 to review which documents are applicable to your application		
15	Copy of Municipal Code pertaining to Bath Police Permits <i>(For informational purposes only)</i>		



Bath

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Business Name: _____

Business Address: _____

**** Your business must be registered in California to do business in this state.***

Additional Forms Needed To Complete Application Per Business Entity Type	Select Applicable
Sole Proprietorship - Fictitious Name Statement	
Partnership - A Partnership agreement naming all partners; or - Certificate of Limited Partnership for limited partners certified by the Secretary of State - Fictitious Name Statement	
Limited Liability Companies (LLC) - Articles of Organization - Operating Agreement (Identifying all members) - Fictitious Name Statement - All members must apply	
Corporation (C-Corp, S-Corp and Professional Corp) - Corporate Resolution or Meeting Minutes (Identifying officers & signed by Corporate Secretary) - Articles of Incorporation (Certified by the State of CA); if out of State, submit equivalent - Copy of Stock Certificates - Fictitious Name Statement - All officers and all persons owning a controlling interest in a non publicly traded corporation must apply	

****All forms detailed above must be submitted according to the business entity the applicant(s) is filing as. Any form or document not completed or provided at the time of submission will result in an incomplete application. Only complete applications will be accepted for processing by permit staff.***



Business Information - Face Sheet

A Face Sheet must be completed for each permit type for each location. For example, if a business needs a Massage Permit and a Bath permit, two Face Sheets must be completed.

For Police Commission Use Only - Do Not Write In This Section

Type of Permit: <u>BATH</u>	
PC Account No: _____	
PC File No: _____	CID Staff Stamp Here
Grant Date: _____	
LAPD Area: _____	
RD No: _____ Council District No: _____	

Complete All Fields - Do Not Leave Anything Blank

Type of Business Entity: (Please check one)

Sole Proprietorship _____ Partnership _____ Limited Liability Company (LLC): _____
Corporation _____ Non-Profit _____ Other: _____

Entity Name: _____

Doing Business as (DBA): _____

Business Address: _____
(Must include: Apartment, Suite, Space, Unit numbers, etc.)

City: _____ Zip Code: _____

Mailing Address: _____
(If address is same as above, write "same")

City: _____ State: _____ Zip Code: _____

Contact Phone No: _____ Business Phone No: _____

Email of Business: _____



About the Bath Business

Account No: _____

Be advised the details furnished on this form will be used in conjunction with the Police Commission inspection to ensure compliance during the inspection. If any part of the information below is changed, resubmit this form by email to pcpermitapplications@lapd.online

Complete All Fields - Do Not Leave Anything Blank

Doing Business as (DBA): _____

Business Address: _____

Hours of Operation

Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Open	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM
Close	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM

Business Information and Details

Is your business currently in operation? Yes No *It is illegal to operate without a permit. Permits are non-transferable, based on location not applicant.*

Business Activity, select all that apply: Full Body Massage Foot Massage Baths

Number of Massage Tables _____ Number of Other Employees _____ Number of Massage Therapists _____

Number of Facial Stations _____ Number of Lockers _____ Number of Massage Chairs _____

Number of Sauna/Spa/Showers _____ Number of Beauty Salon Stations _____

If your business offers Massage services, you will also need to apply for a massage permit.

READ CAREFULLY BEFORE SIGNING

I declare under the penalty of perjury and under the law of the State of California, all information contained on this Police Permit Application and any supplemental documents is true and correct. I understand that all information provided and statements made are subject to investigations and any false statements may be grounds for denial or revocation of permits issued by the Los Angeles Police Commission.

I further declare to remain in compliance with all laws and rules as defined by the Los Angeles Municipal Code, Chapter X. Failure to comply may result in disciplinary action and a filing by the City Attorney and the District Attorney. I sign this on my behalf or on the behalf the business, with full authority to do so.

Applicant's Signature: _____ Date: _____

Print Name: _____

Applicant's Signature: _____ Date: _____

Print Name: _____

Applicant's Signature: _____ Date: _____

Print Name: _____



Owners and Applicants Form

This form must be completed for each owner or person(s) required to apply for the PC Permit, indicating the percentage of ownership for each applicant. The percentage of ownership should add up to 100%; if not, please explain in the space provided.

Doing Business as (DBA): _____

Name (All Required Applicants)	Title (President, CEO, CFO, Secretary, etc.)	Percent of Ownership
Total Percentage of Ownership		

If the percentage of ownership does not add up to 100%, explain below:



Personal Application

Per LAMC Chapter X, all owners and partners must complete the required forms. Providing incomplete or inaccurate information may delay or impede the processing of your application. False or misleading information on these forms may result in legal consequences.

Applicant Personal Information - Do Not Leave Anything Blank

Name of Applicant: _____

Home Address: _____
(Must include: Apartment, Suite, Space, Unit numbers, etc.)

City: _____ Zip Code: _____

Contact Phone No: _____ Business Phone No: _____

Email Address: _____

DOB: _____ Driver's License/ID: _____ State: _____

Gender: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Applicant History - Do Not Leave Anything Blank

If married, will your spouse be involved with the business? Yes _____ No _____
(If you answered yes and are applying as a sole proprietor or partnership, your spouse must apply.)

Have you ever used any other names in the past? Yes _____ No _____

If yes, list other names used: _____

List previous permits held: _____

Have you ever been denied, suspended or revoked a Police Commission Permit? Yes _____ No _____

Have you ever been arrested for a crime resulting in a conviction? Yes _____ No _____

If you answered "YES," please provide details:

Date: _____ City: _____

Charge: _____ Disposition: _____

Details: _____

****Use additional pages if needed.***

READ CAREFULLY BEFORE SIGNING

I declare under the penalty of perjury and under the law of the State of California, all information contained on this Police Permit Application and any supplemental documents is true and correct. I understand that all information provided and statements made are subject to investigations and any false statements may be grounds for denial or revocation of permits issued by the Los Angeles Police Commission.

All applicants not present to sign must have this application form NOTARIZED. The notary shall stamp and sign this form or provide the proper Acknowledgement/Jurat. The document must be titled "Application for Police Permit" or it will not be accepted.



DO NOT SIGN UNTIL INSTRUCTED TO DO SO - Must be witnessed by a Deputy City Clerk or prepared by a Notary Public.

Applicant's Signature: _____ Date: _____

Print Name: _____

Witness Signature: _____ Print Name: _____ Date: _____

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

*****FOLLOW INSTRUCTIONS BELOW*****

ORI: CA0194200 Type of Application: LICENSE CERT OR PERMIT
 Job Title or Type of License, Certification or Permit: *****-> POLICE COMMISSION PERMIT

Agency Address Set Contributing Agency: LAPD (CAPDLOS ANGELES) 14923 **←LAPD has many codes. Use this.**
 Agency authorized to receive criminal history information Mail Code (five digit code assigned by DOJ)
700 E. TEMPLE ST. STE B22
 Street No. Street or P.O. Box Contact Name (Mandatory for all school submissions)
LOS ANGELES CA 91351 (213) 996-1210
 City State Zip Code Contact Telephone No.

*****ENTER INFORMATION FOR 1 – 11b*** Live Scan Operator: Be sure to enter all items.**

Name of Applicant: 1
 (please print) Last First MI
 Alias: 2 Driver's License No. 3
 Last First 5
 Date of Birth: 4 Sex: Male Female Misc. No. BIL- N/A
 Agency Billing Number
 Height: 6 Weight: 7 Misc No: _____
 Eye Color: 8 Hair Color: 9 Home Address: 11a
 Street or P.O. Box
 Place of Birth: 10 11b _____
 City, State and Zip Code
 SOC: *****DO NOT ENTER SOCIAL SECURITY*****

*****MAKE TWO COPIES. GO TO LIVE SCAN CENTER.*****

Your Number: TRC# Level of Service DOJ FBI
 OCA No. (Agency Identifying No.)
 If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute) *****DO NOT USE THIS SECTION*****
 Employer Name _____
 Street No. Street or P.O. Box Mail Code (five digit code assigned by DOJ)
 City State Zip Code () _____
 Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____ Date: _____
 Name of Operator
 Transmitting Agency _____ ATI No. _____ Amount Collected/Billed

LAPD 02/2016

GIVE COPIES OF FORM:
 ORIGINAL-Live Scan Operator; SECOND COPY-SEND TO LAPD; THIRD COPY-Keep
 BCII 8016 (Rev 04/01)



Zoning and Use Clearance Form

PC Permit Type(Limit 1 per form): BATH P - 912

Address of Business: _____

City: _____ Zip Code: _____

Located between streets: _____

LADBS USE ONLY-- INSPECTOR TO ANSWER ALL ENTRIES BELOW

Zone: _____

LADBS Permit Type: _____

LADBS Permit No. : _____

Business shown ____ is ____ is not **A PERMITTED USE**

Business shown ____ is ____ is not **A PERMITTED USE BY THE OCCUPANCY RECORD**

**Applicant Note – Additional Building and Safety and/or Zoning requirements may be applicable and imposed.*

Is a Conditional Use Permit Required? Yes ____ No ____

CUP ZA No. _____ (Please provide copy)

Has the USE been vacated for greater than one year? Yes ____ No ____

Remarks:

LADBS Signature: _____ Place Stamp Here
LADBS Printed Name: _____
Date: _____
Contact No: _____

Building and Safety Locations: Open to the Public - Appointment only (www.ladbs.org)

Downtown Los Angeles: 201 N. Figueroa Street, First Floor, Los Angeles, 90012
Hours of Operation: Monday through Friday, 7:30 a.m. to 4:30 p.m.
Drop-Off/Pick-up Only

Van Nuys: 6262 Van Nuys Blvd #251, Van Nuys, 91401 Hours:
Monday, Tuesday, Thursday, Friday, 7:30 a.m. to 4:00 p.m.
Wednesday: 9:00 a.m. to 4:00 p.m.

West Los Angeles: 1828 Sawtelle Blvd, Los Angeles, 90025
Hours: Monday, Tuesday, Thursday, Friday, 7:30 a.m. to 4:00 p.m.
Wednesday: 9:00 a.m. to 4:00 p.m.

The Los Angeles Police Commission will not issue a permit for any business activity which is not allowed at a location by the Zoning Administration. Be advised that this form is only valid if signed, dated, stamped and all fields on the form are completely filled out by a representative of the Department of Building and Safety. All incomplete forms **will not** be accepted and will delay the application process.

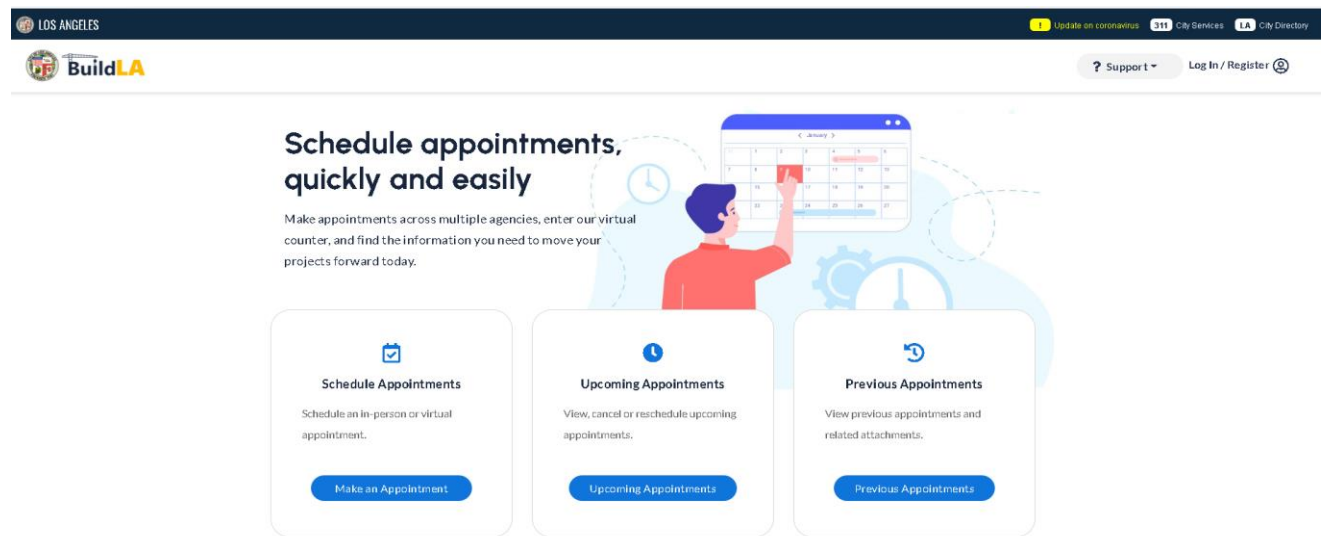
Zoning and Use Clearance Form Procedure

Please use the following steps to complete your Zoning and Use Clearance Form:

Step 1: Make a “New Submittal” appointment with LADBS, using the following BuildLA link:

<https://appointments.lacity.org/apptsys/Public/Account>

Step 2: Click “**Make an Appointment**” located in the “Schedule Appointment” Tab



Step 3: In the “Lets Get Started” dialog box make the following selections:

Agency/Department-**Building and Safety (LADBS)**

Select Service-**Building Plan Check – New plan check submittal**

Select Office- **LADBS – Metro (Downtown) 4th Floor**

The image shows a 'Let's Get Started' dialog box with three dropdown menus. The first menu is 'Select Agency/Department' with 'Building and Safety (LADBS)' selected. The second menu is 'Select Service' with 'Building Plan Check – New plan check submittal' selected. The third menu is 'Select Office' with 'LADBS - Metro (Downtown) 4th Floor' selected. There are '< Back' and 'Next' buttons at the bottom.

At your appointment time, LADBS will screen your request and documents and assign them to a LADBS engineer to review your request for approval. Additional documents may be requested.

Los Angeles Department of Building and Safety (LADBS) -201 N. Figueroa St., First Floor, Los Angeles 90012 Phone: 311 or (213) 473-3231



Affidavit of Property Owner-Consent to Operate

Complete this form **only** if your lease agreement does not indicate the usage. This form must be notarized or signed before a Deputy City Clerk. If providing a notary form, be sure the document is titled "Affidavit of Property Owner - Consent to Operate."

Type(s) of Permit(s) applying for:

Doing Business as (DBA): _____

Contact Phone No: _____ Business Phone No: _____

Type of Permit (select all that apply): Full Body Massage Foot Massage Bath

Property Owner Information - Do Not Leave Anything Blank

Legal Name of Lessor: _____
(Must match lease)

Lessor Business Address: _____
(Must include: Apartment, Suite, Space, Unit numbers, etc.)

City: _____ Zip Code: _____

Lessor Mailing Address: _____
(If same as address above, write "same.")

City: _____ State: _____ Zip Code: _____

Contact Phone No: _____ Business Phone No: _____

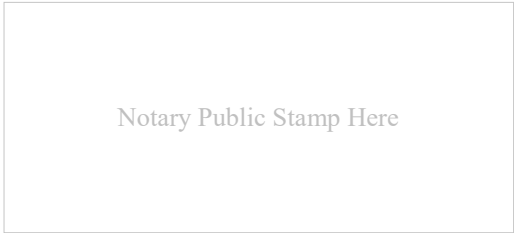
For Notary Public Use Only

I, _____, being duly sworn, depose and say that I am the owner and/or authorized agent of the real property involved in the application and do hereby consent to the filing of a Police Permit Application and to the permitted activities. (Notarized Form attached)

Signature of Notary Public

State ID: _____

Date: _____



Signature of Property Owner: _____ Date: _____

Print Name: _____ Title: _____

Signature of Deputy City Clerk: _____ Date: _____

Print Name: _____



Designation of Qualified Manager

(I/We) _____
Permit Holder's/Permit Applicant's Full Legal Name

Doing Business As _____, designate the following _____ person(s)
Business Name (Doing Business As) number

Full Legal Name of Qualified Manager State Identification Number

Full Legal Name of Qualified Manager State Identification Number

as my/our Designated Manager, to represent (me/us) before the Los Angeles (Commission), Los Angeles Police Department, or any office or department of the City of Los Angeles with respect to (all) my police permit(s).

Said Designated Manager is authorized to receive information about all accounts related to police permits held by me/us including permit applications, history, status, disciplinary action, fees, payments taxes, and other information used by the City to transact business on police permits. Said Designated Manager is authorized to transact business in connection with police permits, including opening and closing accounts, applying for permits, canceling permits, giving oral and written information, and to perform any act or thing whatsoever concerning police permits in every aspect as (I/we) could do were (I/we) personally present. The Designated Manager has the authority to legally and financially bind the permit holder.

This Designation of Qualified Manager revokes all earlier Designation of Qualified Manager forms and shall be in full force and effect until written revocation is received by the Commission or until a new form is requested by the Commission and executed by me/us.

The undersigned permit holder(s)/applicant(s) further certifies that this Designation of Qualified Manager was completely filled in at the time of this execution.

I read, write, and understand English, or I have had the permit process and all documents, including this Designation of Qualified Manager form sufficiently explained to me.

Signed this _____ day of _____
Day Month Year Master Account Number

This form MUST BE NOTARIZED.

Permit Holder's/Applicant's Full Legal Name—Printed or Typed

The NOTARY FORM MUST STATE THE TITLE OF THIS DOCUMENT AS "Designation of Qualified Manager" or the form will not be accepted. Notary, see additional instructions below.

Permit Holder's/Applicant's Signature(s)

Notary must complete the information below:

Notary's street address: _____

Notary's city, state, and zip code: _____

Notary Public's Phone #: _____

Notary Public's email address (optional): _____

After receipt and review of the completed form, this Designation of Qualified Manager will be applied to all permit holder accounts. This form is to be utilized for the establishing of the Qualified Manager only, and the Qualified Manager is responsible for contacting the City to request any information or complete any transaction.

The following is an excerpt of the Los Angeles Municipal Code outlining the City law regarding Bath Establishments

Section 103. 205.2 Bath

SEC. 103.205.2. BATHS.

(Added by Ord. No. 148,154, Eff. 4/17/76.)

(a) **Definitions.** The words and phrases defined in Section 103.205 (a) of this Code, shall have the same meanings when used in this section. In addition thereto, the following words and phrases shall have the following meanings when used in this section.

(1) As used herein, “**Bath**” means the activity of providing facilities for: steam baths; electric light bath; electric tub baths; shower baths; sponge bath; sun bath; mineral bath; Russian, Swedish or Turkish bath; public bathing, which has in connection therewith, a steam room, dry hot room, plunge, shower bath or sleeping accommodations; hydro-therapeutic pool, which is designed for whole or partial immersion of the human body for recreation or therapeutic use by one or more persons at a time and which is either drained or is not drained, cleaned, or refilled for each user, and may include but not be limited to hydrojet circulation, hot water, cold water, mineral water, oil, air induction bubbles or any combination thereof; therapeutic pools which may include whirlpools, hot tubs, baths, and cold water plunges; or any other type bath for treating the human body. **(Amended by Ord. No. 159,306, Eff. 9/27/84.)**

(b) **Bath Business – Permit Required.** No person shall engage in, manage, conduct or operate a “**Bath**” business without a written permit from the Board.

(1) **Exemptions.** This section shall not apply to any treatment administered in good faith in the course of any healing art or profession by any person licensed or permitted to practice any such art or profession under the provisions of the Business and Professions Code of California or any other law of this state.

(c) **Employees.** No person shall be permitted to work in a “**Bath**” business in any capacity that would require such person to touch the body of another without such person being previously authorized to do so by the Board consistent with provisions of Section 103.205.1 of this ordinance. No person under eighteen (18) years of age shall be permitted to work on the premises.

(d) **Persons Under Eighteen – Admission.** No person under eighteen (18) years of age shall be allowed on the premises of a “**Bath**” business, unless accompanied by one of his parents or guardians.