



# Massage Establishment

## *Section 103.205*

### 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](mailto: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.

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### PLEASE NOTE

- The cost of this permit is **\$688.00**, 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/0-0-0-192803](https://codelibrary.amlegal.com/codes/los_angeles/latest/lamc/0-0-0-192803)



# Massage Establishment

## Section 103.205

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

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



# Massage Establishment

## Section 103.205

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
<b>Sole Proprietorship</b> - Fictitious Name Statement	
<b>Partnership</b> - A Partnership agreement naming all partners; <b>or</b> - Certificate of Limited Partnership for limited partners certified by the Secretary of State - Fictitious Name Statement	
<b>Limited Liability Companies (LLC)</b> - Articles of Organization - Operating Agreement (Identifying all members) - Fictitious Name Statement - All members must apply	
<b>Corporation (C-Corp, S-Corp and Professional Corp)</b> - 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.***





# About the Massage 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](mailto: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 has a sauna, spa, or shower, you will also need to apply for a bath 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:*

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# 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)  
Employer Name **\*\*\*DO NOT USE THIS SECTION\*\*\***  
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):                     MESSAGE ESTABLISHMENT                     P -                     951                    

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.

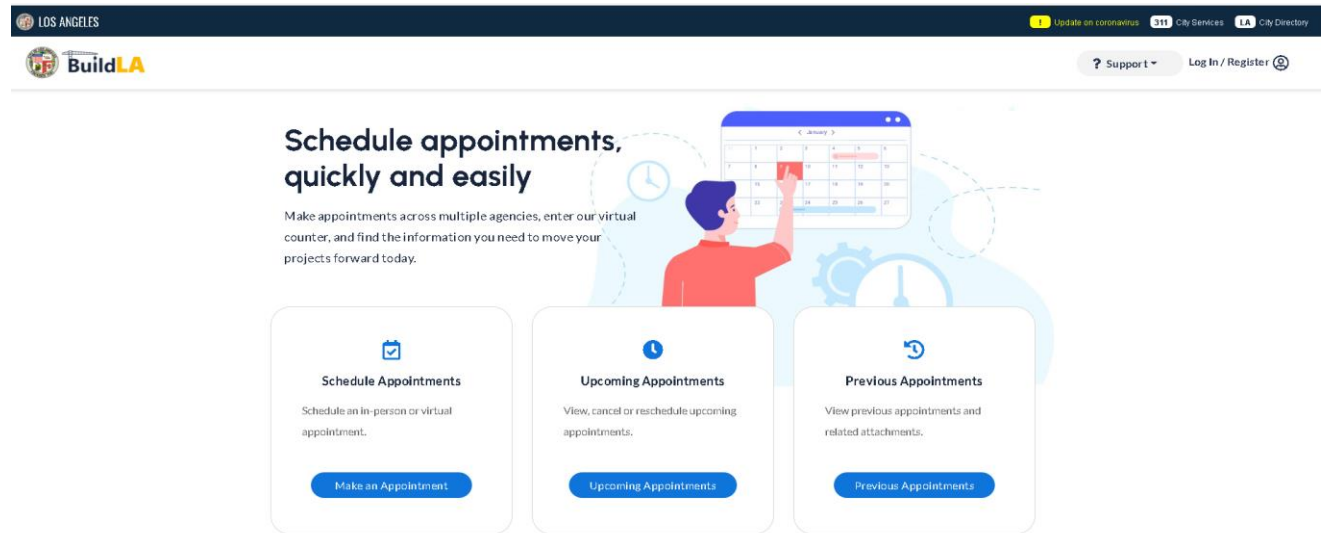
## Zoning and Use Clearance Form Procedure

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) 4<sup>th</sup> Floor**

**Let's Get Started**

Select Agency/Department  
Building and Safety (LADBS) ▼

Select Service [Don't See your Service?](#)  
Building Plan Check – New plan check submittal ▼

Select Office  
LADBS - Metro (Downtown) 4th Floor ▼

[< Back](#) [Next](#)

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: \_\_\_\_\_

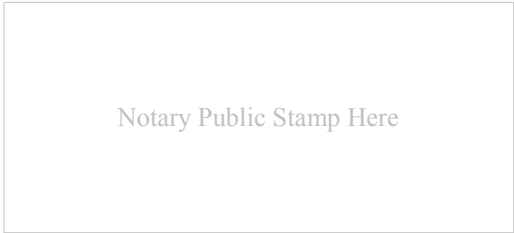
### For Notary Public Use Only

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.



# Applicant - Inspection Checklist

In preparation for inspection, please fill in this form.

Mark when complete

LAMC Section	Description	yes/no
103.205(d)(1)	Hours and Conditions of Operation between: 7:00 am to 10:00 pm?	
103.205(d)(1)(i)	Does each therapist have valid CAMTC?	
103.205(d)(1)(iii)	Is there a manager or supervisor on duty during hours of operation?	
103.205(d)(2)(i)	Is there a recognizable and legible sign at entrance?	
103.205(d)(2)(ii)	Is there a list or menu of services available and cost of services posted?	
103.205(d)(2)(iii)	Are massage permit and CAMTC certificates and photos posted?	
103.205(d)(3)(i)	Are disinfecting agents and sterilizing equipment available?	
103.205(d)(3)(ii)	Pads used on tables shall be covered; Is covering material available?	
103.205(d)(3)(iii)	Clean and sanitary linen: are "clean linen" and "soiled linen" marked?	
103.205(d)(4)(i)	Does the owner have copies of therapists CAMTC certificates?	
103.205(d)(4)(iii)	Does the owner have a list of employees that are not therapists?	
103.205(d)(4)(iv)	Are there records of patrons and therapist who administered the treatment?	
103.205(d)(5)(vii)	Does the establishment refuse service on the basis of discrimination?	
103.205(d)(6)(i)	Are there separate dressing rooms for patrons?	
103.205(d)(6)(ii)	Is there at least one toilet facility?	
103.205(d)(6)(iii)	Is there adequate lighting, lighting fixtures, and ventilation?	
103.205(d)(6)(iv)	Are all walls, ceilings, floors, equipment, physical facilities in good repair?	
103.205(d)(6)(v)	Is there blocked visibility into the interior? (blinds, decals, tint, etc.)	
103.205(d)(6)(vi)	Front door and interior treatment rooms shall not be locked. Are there any locks?	

***As part of the Los Angeles Municipal Code, Section 103.205, please note the following:***

- \* All business owners shall be fully compliant as defined by the LAMC, Section 103.205
  - \* Owners shall be available for inspections (to answer questions during inspection)
  - \* Construction must be complete
  - \* The above listed items are only a portion of what investigators look for during the inspections
  - \* **Businesses shall not operate until issued a temporary permit**
  - \* Temporary permits will only be issued if the business is in full compliance after inspections
  - \* For more information:
- [https://codelibrary.amlegal.com/codes/los\\_angeles/latest/lamc/0-0-0-192803#JD\\_103.205](https://codelibrary.amlegal.com/codes/los_angeles/latest/lamc/0-0-0-192803#JD_103.205).



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

Section 103. 205 Massage Therapy

**SEC. 103.205. MASSAGE THERAPY.**

**(Amended by Ord. No. 183,603, Eff. 7/25/15.)**

The City recognizes that the practice of massage therapy without sufficient training and standards can be dangerous to the public. State law has been created to provide for consistent statewide certification and oversight of massage therapy professionals, and to ensure that schools approved by the California Massage Therapy Council are providing the appropriate level of instruction. The purpose and intent of this section is to regulate massage businesses in order to protect and promote the public health, safety and welfare.

(a) **Definitions.** Unless the context or subject matter clearly indicates that a different meaning is intended, the following words and phrases shall have the following meanings when used in this section.

1. **"Board"** means the Board of Police Commissioners.

2. **"California Massage Therapy Council"** or **"CAMTC"** means the State nonprofit organization created to regulate and issue massage practitioner and therapist certificates pursuant to Business and Professions Code section 4600 et seq.

3. **"Massage"** means any method of pressure on or friction against, or stroking, kneading, rubbing, tapping, pounding, or stimulating the external parts of the body with the hands or other parts of the body, or any other type of system for treating or manipulating the human body with or without the aid of any mechanical or electrical apparatus or appliances, or with or without supplementary aids such as rubbing alcohol, liniments, antiseptics, oils, powder, creams, lotions, ointments or other similar preparations commonly used in this practice.

4. **"Massage Establishment"** means any business or establishment having a fixed place of business where any person engages in, conducts, carries on, or permits to be engaged in, conducted, or carried on, any massage as defined in this section, for any form of consideration or gratuity.

5. **"Out-Call Massage Business"** means any business or enterprise that engages in or performs massage for any form of consideration or gratuity at a location other than a Massage Establishment.

6. **"Operator"** means any person who supervises, manages, directs, organizes, controls or in any other way is responsible for or in charge of the overall operation, conduct or activities of a Massage Establishment or Out-Call Massage Business.

7. **"Owner"** means any of the following:

(i) The sole proprietor of a Massage Establishment or Out-Call Massage Business. As used in this section, the term **"sole proprietor"** means a Massage Establishment or Out-Call Massage Business where the owner owns 100% of the business and is the only person who provides massage services for that Establishment or Out-Call Massage Business pursuant to a valid and active State certificate issued by the California Massage Therapy Council; or

(ii) All general partners of a partnership that owns and operates a Massage Establishment or Out-Call Massage Business; or

(iii) All officers of a corporation and all persons who own a controlling interest in a corporation or other limited liability entity that owns and operates a Massage Establishment or Out-Call Massage Business.

8. **"Massage Therapist"** means a person who is certified as a "Massage Therapist" by the California Massage Therapy Council under Chapter 10.5 of the California Business and Professions Code.

9. **"Massage Practitioner"** means a person who is certified as a "Massage Practitioner" by the California Massage Therapy Council under Chapter 10.5 of the California Business and Professions Code.

10. **"Permit"** means the permit required to be obtained from the Board for the operation of a Massage Establishment or Out-Call Massage Business.

(b) **Massage Establishment or Out-Call Massage Business – Permit Required.** No person shall engage in, promote, advertise, conduct, or carry on, in or upon any premises within the City of Los Angeles, the operation of a Massage Establishment or Out-Call Massage Business without a permit duly issued by the Board pursuant to this subsection for each business location. This required permit shall be in addition to any business tax registration certificate required by ordinance.

1. **Application for Permit.** Permit applications shall be made in accordance with Chapter X, Article 3, Division 3 of this Code.

2. **Additional Requirements.** In addition to those requirements specified in Chapter X, Article 3, Division 3 of this Code, each applicant for a Massage Establishment or Out-Call Massage Business permit shall furnish the following information to the Board: all convictions for any crime involving conduct which requires registration under California Penal Code Section 290, or of conduct which is a violation of California Penal Code Sections 266i, 314, 315, 316, 318, 647(a), 647(b), or any crime involving dishonesty, fraud, deceit or moral turpitude. **(Amended by Ord. No. 184,710, Eff. 3/10/17.)**



(c) **Public Hearings.**

1. If public protest or adverse information concerning the applicant is received, the Board or, upon its direction, a Hearing Examiner may hold a public hearing to gather input from the public before issuance of a permit for the operation of a Massage Establishment or Out-Call Massage Business. All relevant information so obtained shall be used by the Board in determining whether or not to issue a permit for a Massage Establishment or Out-Call Massage Business. Public hearings shall be held in accordance with Chapter X, Article 3, Division 3 of this Code.

2. **Record.** The hearing procedure shall be recorded or summarized as directed by the Board. When proceedings are recorded and not summarized, they shall be transcribed at the request of any party or interested person upon the prepayment of a fee as set forth in Section 102.18. One copy of such transcript shall be furnished to the Board to be placed in its files.

3. **Hearings.** The public hearing shall be conducted by the Board or a Hearing Examiner at the Board's direction. After the conclusion of a public hearing conducted by a Hearing Examiner, the Hearing Examiner shall submit his or her report to the Board setting forth his or her conclusions and recommendations in writing and stating briefly the reasons therefore.

(d) **Massage Establishment – Operating Requirements.**

1. **Hours and Conditions of Operation.** No Massage Establishment shall operate, nor shall any massage be administered in any Massage Establishment, between the hours of 10:00 p.m. and 7:00 a.m. The hours of operation must be displayed in a conspicuous place in the lobby within the Massage Establishment and in any front window clearly visible from outside of the Massage Establishment.

(i) Each person employed or acting as Massage Practitioner or Massage Therapist shall have a valid certificate issued by the California Massage Therapy Council. It shall be unlawful for any owner, operator, responsible managing employee, manager or permittee in charge of, or in control of, a Massage Establishment to employ or permit a person to perform massage, as defined in this section, who is not in possession of a valid, unrevoked Massage Practitioner or Massage Therapist certificate issued by the California Massage Therapy Council. After December 31, 2015, all Massage Therapist permits previously issued by the Board shall be null and void, and in order to provide massage services in the City, a person must possess a valid, unrevoked California Massage Therapy Council Massage Practitioner or Massage Therapist certificate.

(ii) The possession of a valid Massage Establishment permit does not authorize the possessor to perform work for which state certification as a Massage Practitioner or Massage Therapist is required.

(iii) The Massage Establishment shall be supervised during all hours of operation by an operator specified in the permit application.

2. **Posting Requirements.**

(i) A recognizable and legible sign complying with the requirements of this Code shall be posted at the main entrance identifying the business as a Massage Establishment.

(ii) A list of services available and the cost of such services shall be posted in an open and conspicuous place on the premises. The services shall be described in readily understandable language. No services shall be performed and no sums shall be charged for such services other than those posted. Nothing herein prohibits a voluntary tip from being paid by the patron.

(iii) The Massage Establishment permit and a copy of the certificate and photo of each and every California Massage Therapy Council certified Massage Practitioner or Massage Therapist employed in the establishment shall be displayed in an open and conspicuous place on the premises.

3. **Instruments, Equipment and Personnel.**

(i) Disinfecting agents and sterilizing equipment shall be provided for any instruments used in performing any massage.

(ii) Pads used on massage tables shall be covered in a professional manner with durable, washable plastic or other waterproof material.

(iii) Clean and sanitary towels, sheets and linens shall be provided for each patron receiving massage services. No common use of towels or linens shall be permitted. Towels, sheets and linens shall be provided in sufficient quantity and shall not be used by more than one person unless they have been first laundered. Heavy white paper may be substituted for sheets, provided that such paper is used once for each person and then discarded into a sanitary receptacle. Separate closed cabinets or containers shall be provided for the storage of clean and soiled linen and shall be plainly marked: "clean linen" and "soiled linen".

(iv) All employees, including certified Massage Practitioners and Massage Therapists, shall not wear clothing that is

transparent, see-through or exposes the certificate holder's undergarments.

#### **4. Personnel Lists.**

(i) The operator shall maintain on the premises of the Massage Establishment evidence that demonstrates that all persons providing massage services are certified by the California Massage Therapy Council. The operator shall make the state certificates immediately available for inspection upon demand of a representative of the Police Department or any other representative charged with enforcement of this section. Additionally, the operator shall be required to file copies of each state certificate with the Board within ten days of a Massage Practitioner or Massage Therapist beginning work at the Massage Establishment. Information required by this section shall be maintained at the Massage Establishment for a minimum of two years following the date that the person ceases to be employed or provide services at the Massage Establishment.

(ii) The operator shall have a continuing obligation to notify the Board in writing of any changes in Massage Practitioners, Massage Therapists and managers within ten days of such change.

(iii) The operator shall maintain on the premises of the Massage Establishment a register of all non-state certified persons employed, working or providing other services at the massage business. The register shall be maintained for a minimum of two years following the time that a person ceases to be employed or provide services at the Massage Establishment. The operator shall make the register immediately available for inspection upon demand of a representative of the Police Department, any health officer or any other official charged with enforcement of this section. The register shall include, but is not limited to, the following information:

- (a) Name, nicknames and/or aliases;
- (b) Home address and contact phone number;
- (c) Age, date of birth, gender, height, weight, eye color and hair color;
- (d) The date of employment, and termination, if any;
- (e) The duties of each person.

(iv) Every permittee operating a Massage Establishment under a permit issued pursuant to this section shall keep a record of the date and hour of each treatment, the name and address of the patron, the name of the employee administering such treatment and the type of treatment administered. Such record shall be maintained on a professionally printed form provided by the permittee. The information furnished or secured as a result of any such record shall be confidential. Any unauthorized disclosure or use of such information shall constitute a misdemeanor. Such records shall be maintained for a period of one year.

#### **5. Prohibited Conduct.**

(i) No person shall enter or remain in any part of a Massage Establishment location while in the possession of, consuming or using any alcoholic beverages or drugs, except pursuant to a prescription for such drugs. The owner, operator, responsible managing employee, manager or permittee shall not permit any such person to enter or remain upon such premises.

(ii) No storage or sale of sexually oriented material and/or sexually oriented merchandise, as defined by LAMC 103.01, shall be permitted within the Massage Establishment.

(iii) No operator shall hire, employ or allow a person to perform massage services unless such person possesses a valid state certificate. Each operator shall verify that all persons performing massage services hold the appropriate state certificate required by this section.

(iv) No audio or video recording or monitoring of the performance of massage services without the prior knowledge and written consent of the patron.

(v) No Massage Establishment shall place, publish or distribute, or cause to be placed, published or distributed, any advertising matter that depicts any portion of the human body that would reasonably suggest to prospective patrons that any service is available other than those services described in this section and posted on the premises as required by this section, nor shall any Massage Establishment employ language in the text of any advertising that would reasonably suggest to a prospective patron that any service is available other than those services described in this section and posted on the premises as required by this section.

(vi) No Massage Practitioner, Massage Therapist or employee shall expose his or her genitals, buttocks or, in the case of a female, her breast or make intentional contact with the genitals or anus of another person.

(vii) The Massage Establishment shall not refuse service on the basis of a customer's sex, race, color, religion,

ancestry, national origin, disability, medical condition, genetic information, marital status, sexual orientation or other arbitrary factor proscribed by the Unruh Civil Rights Act, Civil Code Section 51, et seq.

**6. Building and Facility Requirements. (Amended by Ord. No. 184,444, Eff. 9/28/16.)**

(i) Adequate dressing rooms shall be provided for patrons. Dressing rooms will be used only by patrons of the same sex at the same time. Dressing rooms need not be separate from the room in which the massage is being performed. If the massage takes place without disrobing of patrons, then separate dressing rooms are not required for each patron. A location for each patron served to safely store their valuables shall be provided.

(ii) Toilet facilities shall be provided for patrons and shall consist of at least one unisex toilet with lavatories or wash basins provided with soap. Both hot and cold running water shall be provided at all times in the toilet room or vestibule.

(iii) Minimum ventilation shall be provided in accordance with the Building Code of the City of Los Angeles. The premises shall be equipped with lighting fixtures of sufficient intensity to illuminate all interior areas of the premises accessible to patrons with an illumination of not less than two foot-candles evenly distributed as measured at floor level.

(iv) All walls, ceilings, floors, pools, showers, bathtubs, wet and dry heat rooms, steam or vapor rooms, tables and all other physical facilities shall be in good repair and maintained in a clean and sanitary condition. Wet and dry heat rooms, steam or vapor rooms or cabinets, showers, compartments and toilet rooms shall be thoroughly cleaned at least once each day the business is in operation. Bathtubs shall be thoroughly cleaned after each use.

(v) No Massage Establishment located in a building or structure with exterior windows fronting a public street, highway, walkway, or parking area shall block visibility into the interior reception and waiting area through the use of curtains, closed blinds, tints or any other material that obstructs, blurs, or unreasonably darkens the view into the premises.

(vi) The front door of the Massage Establishment and the doors of the interior treatment rooms in which massages are being performed must remain unlocked during all hours of operation unless the Massage Establishment is owned by one individual with one or no employees or independent contractors. No electronic locking device may be utilized on any entrance door. No warning devices such as buzzers may be installed.

(vii) No part of the Massage Establishment shall be used for residential sleeping purposes.

**7. Inspections.**

(i) The Chief of Police or his authorized representative shall have the right to enter each and every part of the Massage Establishment for the purpose of making unscheduled inspections to observe and enforce compliance with applicable regulations, laws, and provisions of this section. It shall be unlawful for any permittee to fail to allow an inspection of the premises or hinder the inspection in any manner.

**(e) Out-Call Massage Business – Operating Requirements.**

1. No out-call massage may be administered between 10:00 p.m. and 7:00 a.m.

2. The Massage Practitioner and Massage Therapist shall have his or her CAMTC identification card in his or her possession while providing massage services.

3. A record of treatment shall be maintained by each Massage Practitioner and Massage Therapist employed by the business. Such records shall be maintained for a period of one year.

4. No person operating an Out-Call Massage Business shall allow a person to perform massage therapy unless such person has a valid, unrevoked CAMTC Massage Practitioner or Massage Therapist certificate.

5. The operating requirements set forth in Section 103.205(d)(3) shall apply to an Out-Call Massage Business.

6. No Out-Call Massage Business shall place, publish or distribute, or cause to be placed, published or distributed, any advertising matter that depicts any portion of the human body that would reasonably suggest to prospective patrons that any service is available other than those services described in this section, nor shall any Out-Call Massage Business employ language in the text of any advertising that would reasonably suggest to a prospective patron that any service is available other than those services described in this section.

7. No Massage Practitioner, Massage Therapist or employee shall expose his or her genitals, buttocks or, in the case of a female, her breast or make intentional contact with the genitals or anus of another person.

8. The Out-Call Massage Business shall not refuse service on the basis of a customer's sex, race, color, religion, ancestry, national origin, disability, medical condition, genetic information, marital status, sexual orientation or other arbitrary factor proscribed by the Unruh Civil Rights Act, Civil Code Section 51, et seq.

9. Upon any change of employees, the permittee shall inform the Board within ten days of such change.

(f) **Massage Establishment / Out-Call Permit Issuance and Denial.** Upon receipt of written application for a permit, the Board shall conduct an investigation to ascertain whether such permit should be issued. The permit shall be denied if the Board makes any of the following findings:

1. The applicant or any person who will be employed in the Massage Establishment or Out-Call Massage Business has been convicted within the previous five years of a violation of Health and Safety Code Section 11550 or a violation of Penal Code Sections 266i, 314, 315, 316, 318, 647(a), 647(b); or has been convicted in any other state of any offense which, if committed in California, would have been punished as one or more of the above-mentioned offenses; or that any such person is required to register under the provisions of Penal Code Section 290. **(Amended by Ord. No. 184,444, Eff. 9/28/16.)**

2. The applicant or any person who will be employed in the Massage Establishment or Out-Call Massage Business who has been convicted of any felony offense within the previous five years involving the sale of a controlled substance specified in Health and Safety Code Sections 11054, 11055, 11056, 11057 or 11058; or has been convicted in any other state of any offense which, if committed in California, would have been punishable as one or more of the above mentioned offenses.

3. The applicant or any person who will be employed in the Massage Establishment or Out-Call Massage Business who has committed an act which, if committed by a permittee under this Section, would be grounds for suspension or revocation of the permit.

4. The operations of the Massage Establishment or Out-Call Massage Business would constitute a public nuisance.

5. The applicant has knowingly made a false, misleading or fraudulent statement of fact in the permit application process.

6. The application does not contain material information required by this section.

7. The applicant has not satisfied the requirements of this Code.

(g) **Violation.** Violations of the operating requirements in Subdivision (d) or (e) of this section, or any rules or regulations adopted by the Board governing Massage Establishments or Out-Call Massage Businesses, shall not be prosecuted as misdemeanors, but shall be subject to administrative sanctions and civil remedies as provided by this Code, or at law or in equity, or any combination of these.

Any person operating as a Massage Establishment or Out-Call Massage Business without a permit as required in Subdivision (b) of this section shall be guilty of a misdemeanor.

(h) **Severability.** If any provision of this ordinance is found to be unconstitutional or otherwise invalid by any court of competent jurisdiction, that invalidity shall not affect the remaining provisions of this ordinance which can be implemented without the invalid provisions, and to this end, the provisions of this ordinance are declared to be severable. The City Council hereby declares that it would have adopted this ordinance and each provision thereof irrespective of whether any one or more provisions are found invalid, unconstitutional or otherwise unenforceable.