



CITY OF LAKE FOREST | COMMUNITY PRESERVATION DIVISION

100 Civic Center Drive

Lake Forest, CA 92630

Phone: (949) 461-3462

Email: MassageLicense@lakeforestca.gov

APPLICATION FOR MESSAGE ESTABLISHMENT LICENSE

REQUIREMENT FOR LICENSE

A Massage Establishment License is required for all businesses at fixed locations within the City that provide massage services as defined within Chapter 5.07 of the Lake Forest Municipal Code. It is unlawful for any person to operate or conduct a massage business or to permit a massage establishment to be operated or conducted, in or upon any premises within the City, or to render a massage or permit a massage to be rendered within the City at any location not licensed as a massage establishment, in accordance with the provisions set forth in Chapter 5.07 of the Lake Forest Municipal Code.

MESSAGE ESTABLISHMENT LICENSE EXPIRATION AND RENEWAL

Each Massage Establishment License shall expire after one (1) calendar year from the date of issuance of the license unless renewed in accordance with Chapter 5.07. The licensee requesting renewal of its Massage Establishment License is required to file an application for renewal with the City at least **ninety (90) calendar days prior to the scheduled expiration** of the license. The renewal application is required to provide all information required under Section 5.07.210, Application for Massage Establishment License (as described in this packet) and must also state that the licensee is currently operating under a Massage Establishment License, the scheduled date for expiration of the license for which the licensee is seeking renewal, and provide either a current copy of the lease agreement under which the licensee has operated the massage establishment or evidence that the licensee owns in fee the property at which the licensee operates the massage establishment.

ADDITIONAL REQUIREMENTS

In addition to the requirements set forth in Chapter 5.07 of the Lake Forest Municipal Code regarding an application for a Massage Establishment License, Massage Establishments are also required to meet the City's Zoning Code requirements, in compliance with Section 9.72.090 (A) of the Lake Forest Municipal Code. Massage Establishments are permitted in the Commercial Zoning Districts with the approval of a Use Permit. Please contact the Planning Department at (949) 461-3535 for additional zoning code requirements.



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STEPS TO APPLYING FOR MASSAGE ESTABLISHMENT LICENSE

1. Application Submittal

The Massage License application must be completed electronically and printed to be submitted in person. The electronic application is available on the City's website at www.lakeforestca.gov. Search "Massage Permit", select "Application Forms", and select "[applications and permits](#)".

All documents in the Required Supplemental Document section must be submitted with the application. An incomplete application will not be accepted and will delay the processing of your Massage Establishment License. If you have questions regarding the application, what documents are needed, or what constitutes a complete application, please contact the Community Preservation Division at (949) 461-3462 or MassageLicense@lakeforestca.gov.

2. Appointment - Application Review

The applicant will be required to make an appointment to appear in person to provide identification and payment of the non-refundable application fees. To make an appointment, please contact the Community Preservation Division at (949) 461-3462 or MassageLicense@lakeforestca.gov.

City staff will review the application materials for completeness and determine whether the application meets the requirements for a Massage Establishment License (pursuant to Lake Forest Municipal Code, Chapter 5.07, Massage Establishments) and any other related code or policies.

During the application review process, the reviewing authority may require the submittal of additional information. The applicant shall be notified in writing of any revisions or additional information required and shall submit the requested information to the City within 90 days after the date of the notice or within the period designated by the reviewing authority.

Failure to submit the required information within the 90-day period or within the period of time designated by the reviewing authority shall be cause for denial.

3. Onsite Inspection

An application for a Massage Establishment License will require City staff to perform an onsite inspection of the subject premises before confirming that the request complies with all the applicable criteria set forth in the Lake Forest Municipal Code and any other related code or policies.

4. Approval Process

The City Manager or his / her designee is the authority to approve the Massage Establishment License application. Upon approval, a signed license will be issued, which is required to be posted in an inconspicuous location at the massage establishment. If an application is denied, a written decision will be provided to the applicant along with information to appeal such a decision.

MESSAGE ESTABLISHMENT LICENSE APPLICATION



**CITY OF LAKE FOREST
COMMUNITY PRESERVATION DIVISION
100 CIVIC CENTER DRIVE
LAKE FOREST, CA 92630**

**PLEASE CONTACT THE COMMUNITY
PRESERVATION DIVISION FOR FILING
INSTRUCTIONS AT:
(949) 461-3462
MessageLicense@lakeforestca.gov**

GENERAL INFORMATION (All fields must be filled in. If one field does not apply, write "N/A")

Business Name:		Business Phone No.:	
Business Owner / Applicant (List All Officers and Titles and include additional names on separate sheet if necessary):		Alternate Phone No.:	
		Email:	
Business Address:	City:	State:	ZIP:
Mailing Address:	City:	State:	ZIP:

Type of Application

- ☐ New Business: Reference Checklist for required documents to be submitted with completed. application.
- ☐ Renewal: Reference attached checklist (pages 11 – 12) for required documents to be submitted with completed.
- ☐ Transfer of Ownership: Provide notarized declaration from previous property owner.

Type of Ownership

- ☐ LLC: Provide a list of the name and residence address of each of the limited liability company's current officers, and/or directors, and/or each member, or other person who has an ownership interest in the limited liability company.
- ☐ Corporation: Attach a list of the name and residence address of each of the corporation's current officers, and/or directors, and/or each member, or other person who has an ownership interest in the corporation.
- ☐ Partnership: Provide a list of the name and residence address of each of the partners, including limited partners.
- ☐ Sole Ownership: Complete the information below.

BUSINESS OWNER / APPLICANT INFORMATION

Last Name:		First Name:		Middle:	
Alias or Maiden Names:					
Home Address:					
City:		State:		Zip:	
Phone:					
Date of Birth:		Place of Birth:		US Citizen: ☐ Yes ☐ No	
Sex:		Height:		Weight:	
				Hair:	
Eyes:		Driver's License No.		State:	
		SSN:		Other Licenses Held:	
Preferred Language:		Email:			

BUSINESS OWNER / APPLICANT RESIDENCY

Complete Residence Address for the last five (5) years.		# of years
1.		
2.		
3.		
4.		
5.		

BUSINESS OWNER / APPLICANT EMPLOYMENT HISTORY

Employment History for the last five (5) years. Include name, address and phone number.		Type of work
1.		
2.		
3.		
4.		
5.		

CRIMINAL RECORD

Have you ever been convicted in a court of any crime, including, but not limited to, a violation in conjunction with or as a result of the operation of a massage establishment or a sex related crime or other crime involving dishonesty, fraud, deceit, or moral turpitude within the last ten (10) years?

☐ Yes ☐ No

Attach a list if needed.

Original Arrest Charge (Crime):	Arresting Agency:	Date of Violation:
Disposition of Charge:	Final Charge:	Date of Disposition:
Original Arrest Charge (Crime):	Arresting Agency:	Date of Violation:

Disposition of Charge:	Final Charge	Date of Disposition:
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MESSAGE BUSINESS HISTORY

Name of Issuing Agency	Date Issued	Denied/Revoked/Refused/Subject to Abatement Proceeding/Other
1.		
2.		
3.		
4.		
5.		

PRODUCTS AND SERVICES

Describe all products and services to be provided to customers of the business.

OTHER BUSINESS OPERATION ON PREMISES:

Will other businesses be operated on the premises of the massage establishment? ☐ Yes ☐ No

If yes, attach a list of other businesses to be operated on the premises of the massage establishment. This list shall contain the names and description of any such business.

OTHER BUSINESS INTEREST:

Are there any other businesses within the city or state that are owned and/or operated by the applicant? ☐ Yes ☐ No

If yes, attach a list of other business[es]. List shall include the name, locations, and descriptions of each.

HOURS OF OPERATIONS (Must be between 7 AM – 9 PM)

List Hours of Operation						
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____

MANAGER INFORMATION:

A manager must be onsite at all times. If there is not a manager employed, the business owner must act as the manager and remain onsite during business hours and must be named below.

State the legal names and residence addresses of all managers to be in charge of the operations at this business location.		
Full Name / Nickname	Address	Driver's License #
Full Name / Nickname	Address	Driver's License #

EMPLOYEE INFORMATION – LICENSED MESSAGE THERAPISTS

(Attach a list if needed. Provide a copy of California Massage Therapy Council (CAMTC) Certificate and CAMTC Identification Card)

	State the legal names and residence addresses of all persons employed, or intended to be employed, as practitioners.	
Full Name / Nickname	Address	CAMTC ID #
Full Name / Nickname	Address	CAMTC ID #
Full Name / Nickname	Address	CAMTC ID #
Full Name / Nickname	Address	CAMTC ID #
Full Name / Nickname	Address	CAMTC ID #
Full Name / Nickname	Address	CAMTC ID #
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Full Name / Nickname	Address	CAMTC ID #
Full Name / Nickname	Address	CAMTC ID #
Full Name / Nickname	Address	CAMTC ID #

EMPLOYEE INFORMATION – OTHERS THAT ARE NOT MESSAGE THERAPISTS

State the legal names, titles, and residence addresses of all additional employees at this business location.		
Full Name / Title	Address	Driver's License #
Full Name / Title	Address	Driver's License #
Full Name / Title	Address	Driver's License #
Full Name / Title	Address	Driver's License #
Full Name / Title	Address	Driver's License #

PROPERTY OWNER'S INFORMATION

Name of Property Owner:	
Address:	
Phone Number:	Email:
If the applicant is not the legal property owner, attach the following two documents: ☐ Lease Agreement ☐ Notarized Property Owner Affidavit	



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[REQUIRED SUPPLEMENTAL DOCUMENTS]

The attached documents must be completed and submitted with the massage license application.

Please see special instructions on each form.



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ACKNOWLEDGMENT TO BE COMPLETED BY BUSINESS OWNER(S) OR PRINCIPAL OFFICER(S)

Instructions: This document must be notarized (signed in front of a Notary Public).

To find a Notary Public, you can utilize online resources like nationalnotary.org or [AAA / UPS Stores](http://AAA/UPSStores). You can also check with local banks, libraries, or businesses that offer shipping and postal services, as they often have notaries on staff. After making an appointment, please print this form to take with you to your appointment. Please also print the Notary Public Acknowledgment form (Page 7), to be completed and signed by the Notary Public.

- _____ I have read Lake Forest Municipal Code Chapter 5.07 Massage Establishments in its entirety and I understand the provisions, requirements and responsibilities set forth in Lake Forest Municipal Code Chapter 5.07.
- _____ I authorize the City, its officers, agents, and employees to seek information and conduct an investigation into the truth of the statements set forth in the application and to ensure compliance with the provisions of Lake Forest Municipal Code Chapter 5.07 and other applicable City, State, and Federal laws.
- _____ I confirm that the Massage Establishment shall only permit certified massage practitioners to provide, perform, and administer massage services at the Massage Establishment.
- _____ I acknowledge that the business owner(s) / applicant(s), operator(s), manager(s), and property owner(s) shall each be responsible for the conduct of all employees, as defined in LPMC 5.07.235 on the premises of the Massage Establishment, and that failure to comply with this chapter, or any local, state, or federal law, including California Business and Professional Code Section 4600 et seq. (Massage Therapy Act), may result in the suspension, revocation, or nonrenewal of the operator's permit and civil, administrative, and/or criminal penalties.
- _____ I acknowledge that if any of the provided information on this application changes, I will notify the Lake Forest Code Enforcement Division in writing within ten (10) days of such change.

I, the undersigned, understand that before I can operate my business in Lake Forest, the establishment must comply with all applicable City laws and regulations and must receive all necessary Federal, State and local permits. **I declare that I am authorized to complete this application and that the information and statements provided are true and correct, under penalty of perjury.**

(Please do not sign until you are in front of the Public Notary.)

Signature: _____

Print Name/Title: _____

Date: _____

ACKNOWLEDGMENT

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, _____
(insert name and title of the officer)

personally appeared _____,
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 _____ (Seal)



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ACKNOWLEDGMENT TO BE COMPLETED BY PROPERTY OWNER (AGENT OR PROPERTY MANAGER NOT ACCPETED)

Instructions: This document must be notarized (signed in front of a Notary Public).

To find a Notary Public, you can utilize online resources like nationalnotary.org or [AAA / UPS Stores](http://AAA/UPSStores.com). You can also check with local banks, libraries, or businesses that offer shipping and postal services, as they often have notaries on staff. After making an appointment, please print this form to take with you to your appointment. Please also print the Notary Public Acknowledgment form (Page 7), to be completed and signed by the Notary Public.

____ I, the property owner, give my permission to (name of business) _____ to apply

for and obtain a massage establishment license to operate a massage business at my property (address)

_____ Lake Forest, CA.

____ I have read the Lake Forest Municipal Code Chapter 5.07 Massage Establishments in its entirety and I understand the provisions, requirements and responsibilities set forth in Lake Forest Municipal Code Chapter 5.07.

____ I authorize the City, its officers, agents, and employees to seek information and conduct an investigation into the truth of the statements set forth in the application and to ensure compliance with the provisions of Lake Forest Municipal Code Chapter 5.07 and other applicable City, State, and Federal laws.

____ Pursuant to LFMC 1.16.020 and 6.14.015, I understand that as the property owner, I can be deemed responsible and subject to citation for violations of the Municipal Code that occur on my property, such as illegal and any non-approved business activity.

I, the undersigned, understand that the massage establishment, which is occupying my property must comply with all applicable City laws and regulations and must receive all necessary Federal, State and local permits. I declare that I am authorized to complete this application and that the information and statements provided are true and correct, under penalty of perjury.

Signature: _____

Print Name/Title: _____

Date: _____

ACKNOWLEDGMENT

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, _____
(insert name and title of the officer)

personally appeared _____,
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 _____ (Seal)



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

CA0300000

ORI (Code assigned by DOJ)

MASSAGE TECHNICIAN –

Type of License/Certificate/Permit OR Working Title (Maximum 30 characters – If assigned by DOJ, use exact title assigned)

Contributing Agency Information

ORANGE COUNTY SHERIFF'S DEPARTMENT

Agency Authorized to Reserve Criminal Record Information

P.O. Box 449

Street Address or P.O. Box

Santa Ana

City

CA

State

92702

ZIP Code

04490

Mail Code (five-digit code assigned by DOJ)

Business Licensing

Contact Name (mandatory for all school submissions)

(714) 834-5503

Contact Phone Number

Applicant Information:

Last Name

Other Name

(AKA or Alias Last)

Date of Birth

Sex ☐ Male ☐ Female

Height

Weight

Eye Color

Hair Color

Place of Birth (State or Country)

Social Security Number

Home

Address Street Address or P.O. Box

First Name

Middle Initial

Suffix

First

Middle

Suffix

Driver's License Number

Billing

Number

(Agency Billing Number)

Misc.

Number

(Other Identification Number)

City

State

ZIP Code

Your Number:

OCA Number (Agency Identifying Number)

Level of Service:

☒ DOJ

☐ FBI

☐ Firearms

If re-submission, list original ATI number:

(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

N/A

Employer Name

Mail Code (five digit code assigned by DOJ)

N/A

Mail Code (five digit code assigned by DOJ)

City

State

ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed

ORINGAL – Live Scan Operator

SECOND COPY – Applicant

THIRD COPY (if needed) – Requesting Agency



Checklist: Required Application Documents

Business Name:

Type of Application:

☐ New ☐ Renewal ☐ Transfer of Ownership

*If the applicant is transferring ownership, a notarized letter from the previous owner must be provided

Type of Ownership:

☐ LLC ☐ Corporation ☐ Partnership ☐ Sole Proprietorship

If the applicant is a corporation, limited liability company, limited liability partnership, general or limited partnership, or other form of business entity other than a sole proprietorship, the name of the business entity shall be set forth exactly as shown in its articles of incorporation or formation document, together with the names and residence addresses of each of its officers, directors, managing members, and/or general partners and each stockholder, member, or limited partner holding more than five (5) percent of the stock of or interest in the business entity, along with the amount of stock or interest held. If one (1) or more of the partners or members is a corporation, the information required herein for the applicant shall also be required for such partners or members. The application shall be signed by the individual who is and shall be responsible for all actions, omissions, and conduct of the applicant licensee.

☐ Articles of Incorporation or Formation Document (not required for sole ownership)

☐ Driver's License

☐ Social Security card/Permanent Resident Card

*If foreign-born, a copy of origin country's passport visa

*If Naturalized US Citizen, a copy of Naturalization paper and US passport

☐ 2 Passport Size Photos

☐ Manager of Establishment Listed on the Application

*Acknowledgement in the application that the appointment of a manager by the applicant constitutes consent by the applicant for assumption of responsibility for all acts and conduct of the manager, including service of notices by the City.

- ☐ Hours of Operation: 7 AM – 9 PM
- ☐ CAMTC Certification (Self)
- ☐ CAMTC Certification (Employees)
- ☐ Business Owner Acknowledgment **(Must be signed and notarized)**
- ☐ Property Owner Acknowledgment **(Must be signed and notarized)**
- ☐ Copy of Live Scan Receipt with ATI Number
- ☐ Lease Agreement
- ☐ Liability Insurance
- ☐ Sketch or diagram which includes the following:
 - *Complete interior configuration of the business, including without limitation, the location of the restrooms, massage rooms, customer areas, employee-only designated areas, and any facilities requirements as identified in Section 5.07.230, Massage establishment facilities and operations requirements. The form need not be professionally prepared but must accurately depict all interior areas identified in this section and Section 5.07.230.
- ☐ Transfer of Ownership
 - *If the applicant is assuming control over an existing massage establishment, and the existing licensee will not be an owner or operator of the massage establishment for the entire term of the new license, then the new license shall not be issued unless and until the former massage establishment license has been surrendered and relinquished to the City.
- ☐ Application Processing Fee (City)
 - *Check payable to City of Lake Forest
 - \$516 All applications**
- ☐ Application Processing Fee (OCSD)
 - *Check payable to Orange County Sheriff's Department
 - \$416 for New /Transfer or**
 - \$250 for Renewal**
- ☐ Appointment for Application Submittal
 - *Once the checklist is completed, call 949-461-3462 to make an appointment. Bring this checklist with your completed application and required documents.