



CITY OF SANTA BARBARA

PERMIT APPLICATION PROCESS MESSAGE ESTABLISHMENT

Finance File #

Police Department
ID #

City Stamp/Paid

To be located at: _____

Follow the steps below to process your application:

At City Hall De La Guerra Plaza	Permit processing hours are Monday through Friday, 8:00 a.m. to 3:00 p.m., except for holidays.	
Step 1	Request a Massage Establishment application package. It will contain: <ul style="list-style-type: none"> ▪ Application for City Permit form. ▪ Authorization to Release Information form. ▪ Massage Establishment Information Sheet for your records. ▪ Letter of Acknowledgement from Landlord, if applicable. ▪ Instructions for Drawings sheet (Site Plan and Floor Plan). ▪ Proposed Permit Use Clearance forms. ▪ Santa Barbara Municipal Code (SBMC), Chapter 5.76, Baths, Sauna Baths, Massage Parlors and Similar Businesses. 	
At Home		
Step 2	Complete all forms. Acquire two (2) color, passport-size photographs and a photocopy (front and back) of your driver's license. Retain the copy of SBMC, Chapter 5.76 and the Information Sheet for reference. In completing the forms, you will notice approvals are needed from several City departments. The first approval must be obtained from Community Development.	
At Community Development 630 Garden Street	Permit processing hours are Monday through Friday, 8:30 a.m. to 12:00 noon and 1:00 p.m. to 4:30 p.m., except for holidays.	
Step 3	Submit completed Proposed Permit Use Clearance forms in person along with your site plan and floor plan to Building and Safety Division. Staff will assist you in scheduling an inspection with Building and Safety Department. There may be additional forms to complete; therefore, allow at least seven (7) work-days for staff to review your forms.	
	After review, Building and Safety might request corrections via a Review Correction Letter. Make corrections as directed by them.	
	After corrections have been made and all reviews approved, Community Development staff will sign the bottom portion of your Proposed Permit Use Clearance Forms. This concludes the Community Development portion of processing and you are ready to submit your package to Finance.	

At City Hall De La Guerra Plaza	Permit processing hours are Monday through Friday, 8:00 a.m. to 3:00 p.m., except for holidays.	Date completed and City Agent's Initials
Step 4	Submit all of the forms listed in Step 1 along with: <ul style="list-style-type: none"> ▪ Two (2) color, passport-size photographs (for each applicant). ▪ A photocopy (front and back) of your driver's license. 	
	Pay a \$52.00 application fee (includes \$32.00 fingerprinting fee) which will be done by Police Department staff. If this application is concurrent with a Massage Technician application, the fee is \$20.00.	
	Receive a Request for Live Scan form, filled out by City Hall staff.	
	Within 30 days of submitting your application at City Hall, set up an appointment to be fingerprinted at the Police Department. Please call (805) 897-2300 to set up your appointment. Fingerprints are processed between 1:20 p.m. and 4:25 p.m., Monday through Friday, except for holidays. Additional \$25.00 rolling fee due at the time of scan.	
At the Police Department 215 E Figueroa St	By appointment only.	
Step 5	Go to the Records Bureau to be fingerprinted. Make sure you have your Request for Live Scan form with you in your packet.	
	After you have been fingerprinted, leave your entire application packet with the Live Scan technician to be forwarded to the Police Technician for processing. If you have any questions, you may contact the Police Technician via email: permits@sbpd.com .	

POLICE DEPARTMENT USE ONLY

To be completed by Police Permit Investigator:

- City of Santa Barbara Police Department records check on applicant, Warrants, B.U.S.T.E.D., D.M.V.
- Criminal history check on fingerprints and fingerprints returned from D.O.J.
- Santa Barbara Sheriff's record checks on applicant.
- Applicant(s) interviewed by Permit Investigator.

Police Permit Investigator's recommendations on the issuance of the permit to the applicant:

CHIEF OF POLICE or Designee:

Approval of permit application: _____ Date: _____

Disapproval of permit application: _____ Date: _____



CITY OF SANTA BARBARA

APPLICATION FOR CITY PERMIT

Assigned Permit/ID Number

Finance Dept B/L

*Santa Barbara Municipal Code,
Chapter 5.76*

**TYPE: MESSAGE
ESTABLISHMENT**

Please complete the following:

Proposed Location:

Name:

Date of Application:

Are you also applying for a Massage Technician's Permit at this time:

Residence Address (include street, city, and zip code):

Mailing Address, if different (include street, city, and zip code):

Phone Number:

Social Security No:

California Driver's License No.
(submit photocopy)

Are you a U.S. citizen?

Date of Birth:

Place of Birth:

Color of Hair:

Color of Eyes:

Height:

Weight:

Length of time in Santa Barbara:

Length of time in California:

List the full address for your places of residence over the past five years, starting with the most recent. After the address, show the dates (month and year) at each residence.

1. _____
_____ (from _____ to _____)
2. _____
_____ (from _____ to _____)
3. _____
_____ (from _____ to _____)
4. _____
_____ (from _____ to _____)
5. _____
_____ (from _____ to _____)

List your last five places of employment. Start with your current or most recent employer. List by business name, address, business phone number, and dates (month and year) of employment.

1. _____
_____ (from _____ to _____)
2. _____
_____ (from _____ to _____)
3. _____
_____ (from _____ to _____)
4. _____
_____ (from _____ to _____)
5. _____
_____ (from _____ to _____)

Proposed Business Name: _____

List similar permits presently or previously issued in another city or state. List by permit title, city and state of issuance.

Arrest History: If you have had any arrests, list all of them. Use an additional sheet if necessary. Give the date (approximate), place (city and state), and the reason for the arrest.

Date:	Place (city and state):	Reason:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature below indicates the applicant understands that if any information requested on this form is misrepresented, it may be grounds for denial of this permit application.

Applicant's Signature



CITY OF SANTA BARBARA

**AUTHORIZATION TO RELEASE INFORMATION
TO THE
CITY OF SANTA BARBARA, POLICE DEPARTMENT**

(Pursuant to Santa Barbara Municipal Code, Chapter 5.29)

As an applicant for a City permit within the City of Santa Barbara, I hereby authorize the release of any and all information that you may have concerning my work records education records, medical records, and information of a confidential or privileged nature to the City of Santa Barbara Police Department and its agents.

I hereby release you, your organization, or others, from any liability or damage, which may result from furnishing the information requested.

Printed (*Permit Applicant's Name*)

Signature (*Permit Applicant*)

Date

Massage Establishment

Information Sheet

Excerpts from Santa Barbara Municipal Code, Chapter 5.76.060:

No permit to conduct a massage establishment shall be issued unless an inspection by the City of Santa Barbara reveals that the establishment complies with each of the following minimum requirements:

(a) A recognizable and readable sign shall be posted at the main entrance identifying the establishment as a massage establishment, provided, that all such signs shall comply with the sign requirements of the City of Santa Barbara.

(b) No person shall give, or assist in the giving, of any massage to any other person under the age of eighteen (18) years, unless the parent or guardian of such minor person has consent thereto in writing.

(c) Minimum lighting shall be provided in accordance with the Uniform Building Code, and, in addition, at least one (1) artificial light of not less than forty (40) watts shall be provided in each enclosed room or booth where massage services are being performed on a patron.

(d) Minimum ventilation shall be provided in accordance with the Uniform Building Code.

(e) Adequate equipment for disinfecting and sterilizing instruments used in performing the acts of massage shall be provided.

(f) Hot and cold running water shall be provided at all times.

(g) Closed cabinets shall be provided which cabinets shall be utilized for the storage of clean linen.

(h) In any establishment in which massage services are rendered only to members of the same sex at any one time, such persons of the same sex may be placed in a single separate room or the operators of the massage establishment may elect to place such persons of the same sex in separate enclosed rooms or booths having adequate ventilation to an area outside said room or booth while massage services are being performed.

(i) Adequate bathing, dressing, locker, and toilet facilities shall be provided for patrons. A minimum of one (1) tub or shower, one (1) dressing room containing a separate locker for each patron to be served, which locker shall be capable of being locked, as well as a minimum of one (1) toilet and one (1) wash basin shall be provided by every massage establishment, provided, however, that if male and female patrons are to be served simultaneously at the establishment, separate bathing, a separate massage room or rooms, separate dressing and separate toilet facilities shall be provided for male and for female dispensers.

(j) A separate wash basin shall be provided for each portion of a massage parlor wherein massage services are performed for the individual use of each person performing massage services. Such basin shall be provided with soap and hot and cold running water at all times and shall be located within, or as close as practicable, to the area devoted to the performing of massage services. In addition, there shall be provided at each wash basin, sanitary towels placed in permanently installed dispensers.

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

(l) Clean and sanitary towels and linens shall be provided for each patron of the establishment or each patron receiving massage services. No common use of towels or linens shall be permitted.

Letter of Acknowledgement from Landlord

TO: City of Santa Barbara

SUBJECT: Owner Acknowledgement and Permission to Use Property as a
Massage Establishment in the City of Santa Barbara

LOCATION OF PROPERTY: _____

OWNER OF RECORD: _____

Owner acknowledges that above referenced property, to be rented or leased by

_____ *doing business as* _____

_____ *will be used as a massage*

establishment open to the general public.

Signed

Date

Print Name and Title (Owner/Agent)

Telephone Number

Mailing address if different from owner address shown above: _____



CITY OF SANTA BARBARA

INSTRUCTIONS FOR DRAWINGS

for submission to

COMMUNITY DEVELOPMENT DEPARTMENT
Building and Safety Division
630 Garden Street

1. Site Plan with the following information and drawn in 1/8 or 1/4 inch scale:

- a. Lot size.
- b. All structures with building dimensions.
- c. Show exits from subject structure and path of travel to the public way.
- d. Number of existing parking spaces.
- e. Indicate location and height of all walls and fences.
- f. Any bicycle parking locations that serve the proposed site.

2. Floor Plan with the following information and drawn in 1/8 or 1/4 inch scale: (You may also use an existing architectural floor plan of the building.)

- a. Identify size in square feet and use of all rooms/areas.
- b. Calculate the occupant loads (using California Building Code) for egress and minimum plumbing fixture requirements.
- c. Provide location and type of existing and proposed exit signs and illumination.

Any establishments with occupant loads in excess of 50 persons shall be equipped with internal or external illumination or self-luminous type exit signs.

CITY OF SANTA BARBARA

PROPOSED PERMIT USE CLEARANCE FORM

Community Development Department
630 Garden Street

Building and Safety Division
Business hours 8:30 a.m. to 12:00 noon and 1:00 p.m. to 4:30 p.m.
Monday through Friday, except holidays
Phone: 564-5485

Please present this completed form at the above address:

Date of Application: _____

Type of Permit applied for: _____

Applicant's Name: _____

The person named above is applying to the City for a permit to conduct a business that requires Building and Safety Division approval. Please review to determine the proposed or current site meets requirements for this type of business.

Business Address: _____

Name of Business: _____

Type of Business: _____

Contact phone number: Residential _____
Business _____
Other _____

() New permit () Renewal of permit () New address for business () Existing address for business

Building Type: _____ Building Permit Required: _____

Certificate of Occupancy Required: _____ Occupancy Group: _____

To be completed by Community Development Department:

BUILDING OFFICIAL

PERMIT USE APPROVED

PERMIT USE NOT APPROVED

Signature _____

Date _____

COMMENTS:

CITY OF SANTA BARBARA

PROPOSED PERMIT USE CLEARANCE FORM

Community Development Department
630 Garden Street

Planning Division
Business hours 8:30 a.m. to 12:00 noon and 1:00 p.m. to 4:30 p.m.
Monday through Friday, except holidays
Phone: 564-5470

Please present this completed form at the above address:

Date of Application: _____

Type of Permit applied for: _____

Applicant's Name: _____

The person named above is applying to the City for a permit to conduct a business that requires Planning/Zoning Division approval. Please review to determine the proposed or current site meets requirements for this type of business.

Business Address: _____

Name of Business: _____

Type of Business: _____

Contact phone number: Residential _____

Business _____

Other _____

() New permit () Renewal of permit () New address for business () Existing address for business

Land Use Zone:

To be completed by Community Development Department:

ZONING OFFICIAL

PERMIT USE APPROVED

PERMIT USE NOT APPROVED

Signature _____

Date _____

COMMENTS:

CITY OF SANTA BARBARA

PROPOSED PERMIT USE CLEARANCE FORM

Community Development Department
630 Garden Street

Public Works Department
Business hours 8:30 a.m. to 12:00 noon and 1:00 p.m. to 4:30 p.m.
Monday through Friday, except holidays
Phone: 564-5485

Please present this completed form at the above address:

Date of Application: _____

Type of Permit applied for: _____

Applicant's Name: _____

The person named above is applying to the City for a permit to conduct a business that requires Building and Safety Division approval. Please review to determine the proposed or current site meets requirements for this type of business.

Business Address: _____

Name of Business: _____

Type of Business: _____

Contact phone number: Residential _____
Business _____
Other _____

() New permit () Renewal of permit () New address for business () Existing address for b

Building Type: _____ Building Permit Required: _____

Certificate of Occupancy Required: _____ Occupancy Group: _____

To be completed by Public Works Department:

PUBLIC WORKS OFFICIAL

PERMIT USE APPROVED

PERMIT USE NOT APPROVED

Signature _____

Date _____

COMMENTS: