



SAN JOSE POLICE DEPARTMENT
 PERMITS UNIT
 CALL FOR APPOINTMENT
 (408) 277-4452
www.sjpd.org



MESSAGE PERMIT APPLICATION & PROCEDURES

FEES (As of 2009)* Visit us on the web for updated fees: http://www.sjpd.org/PDF_Forms/Permit_Fees.pdf	\$1,750.00	Business Permit (Renew Every 2 Years)
	\$ 284.00	Owner/Manager (Renew, Every 2 Years)
	\$ 45.00	ID Card (Renew, Every 2 Years)
	\$ 194.00	Massage Therapist (Annual Renewal)
	\$ 45.00	ID Card (Annual Renewal)
	\$ 52.00	Fingerprints at Santa Clara County Sheriff's Department
		Police Permits Unit staff will make appointments

- Applicant must complete, sign and submit an application to the Permits Unit and pay all required fees in person. *Cash, check and Credit Cards are accepted.*
- Applicant must submit a Letter of Intent to hire from potential employer. The business owner or manager must sign this form.
- All necessary documents must be submitted and proof of insurance must be on file with the City of San Jose's Risk Management Department or the Permits Unit will not accept the application.
- The Medical Examination/Physician Statement must be completely filled out and signed by a Physician within 30 days of date of application.
- If you have any questions, please call our office at (408) 277-4452 and ask for the officer in charge of the Massage Program.
- Submit application and appropriate fees (*check made payable to the City of San Jose*) to:

SAN JOSE POLICE DEPARTMENT
 PERMITS UNIT
 201 West Mission Street
 San Jose CA 95110

*Fees are subject to change.



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Massage Business Permit

You must provide the following at the time of application:

1. ***Government Photo ID or Certified copy of your birth certificate.*** If in foreign language, certified translation required. (Passport OK)
2. ***Business Tax Certificate (Business License) issued to a commercial location.***
3. ***Proof of proper zoning.*** All businesses conducting massage must obtain a massage zoning verification letter from the City of San Jose's Development Services Center located at 200 E. Santa Clara St., 2nd floor, San Jose 95113. You can obtain a copy of the application by going to the Planning Division's website at www.sanjoseca.gov/planning. Go to the application forms section under General Public Information. This is by appointment only. Please call (408) 535-3555 for an application appointment.
4. ***Copy of Floor Plan and Planning Application if new business.***
5. ***Proof of professional liability insurance (CERTIFICATE OF INSURANCE),*** with name of applicant on certificate, or massage malpractice insurance in the amount of \$1,000,000. This must be filed with the City of San Jose's Risk Management Department at the time of application which is located at 200 East Santa Clara Street, Third Floor - Wing, San Jose CA 95113 (480) 535-7060, FAX (408) 286-6492. Any employee insured by the business must be listed on an endorsement provided by the insurance company and on file with Risk Management.
6. ***A complete list of all employees employed at the business;*** include full name, address and phone numbers where they can be reached.
7. ***Renewals –.*** Submit new application. ***Submit copy of business license, proof of current liability, intent to hire.***



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Massage Ownership/Management License

Owner has the option of managing the business or appointing a manager. Diploma only required from Owner if he/she intends to massage. You must provide the following at the time of application:

1. **Government Photo ID or Certified copy of your birth certificate.** If in foreign language, certified translation required. (*Passport O.K.*)
2. **Original massage school diploma** certifying 100 hours of instruction from a STATE OF CALIFORNIA licensed massage school. Per SJMC 6.44.080.
3. **Proof of proper zoning.** All businesses conducting massage must obtain a massage zoning verification letter from the City of San Jose's Development Services Center located at 200 E. Santa Clara St., 2nd floor, San Jose 95113. You can obtain a copy of the application by going to the Planning Division's website at www.sanjoseca.gov/planning. Go to the application forms section under General Public Information. This is by appointment only. Please call (408) 535-3555 for an application appointment.
4. **A copy of the business tax certificate (business license) you will be working under.** (Are available at City Hall, 200 E. Santa Clara Street, First Floor, San Jose 95133, Phone Number (408) 535-7055.
5. **Proof of professional liability insurance (CERTIFICATE OF INSURANCE)**, with name of applicant on certificate, or massage malpractice insurance in the amount of \$1,000,000. This must be filed with the City of San Jose's Risk Management Department at the time of application which is located at 200 East Santa Clara Street, Third Floor, Wing, San Jose CA 95113, (480) 535-7060, FAX (408) 286-6492.

Any employee insured by the business must be listed on an endorsement provided by the insurance company and on file with Risk Management.

If you are planning on performing massage as well as being the owner or manager, you must also obtain a Massage Therapist License and pay both fees.

6. Applicant must submit a Letter of Intent of Hire from potential employer and must be signed by business owner or manager.
7. **Renewals** – Submit new application. **Submit copy of business license, proof of current liability, intent to hire, Doctor statement.**



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MESSAGE REGULATIONS

Massage Therapist License:

Please provide the following at the time of application:

1. ***Government Photo ID or Certified copy of your birth certificate.*** If in foreign language, certified translation required. (Passport O.K.)
2. ***Original massage school diploma certifying 100 hours of instruction from a STATE OF CALIFORNIA licensed massage school,*** (per SJMC 6.44.08).
3. ***A copy of the business tax certificate(business license) that you will be working under.*** Available at City Hall, 200 E. Santa Clara Street, First Floor, San Jose 95133, Phone Number (408) 535-7055.
4. A licensed physician verifying that the applicant has been examined within 30 days of the application date, and a ***Medical Examination Form must be completed and physician has examined a recent x-ray of the applicant.*** If the physician feels that a chest x-ray is not needed, then the physician “MUST” sign the x-ray area that the x-rays are not needed, and believes that the applicant has no medical condition that would prevent the applicant from performing the duties of a massage therapist. A chest x-ray is not required on renewals but the written statement of a recent examination including the test results of Hepatitis B and PPD skin test is required.
5. ***Proof of professional liability insurance (CERTIFICATE OF INSURANCE)*** with name of applicant on certificate, or massage malpractice insurance in the amount of \$1,000,000. This must be filed with the City of San Jose’s Risk Management Department at the time of application which is located at 200 E. Santa Clara St., 4th Flr., San Jose CA 95113 (408) 535-7060, FAX (408) 286-6492.
6. Applicant must submit a ***Letter of Intent of Hire from potential employer*** and must be signed by business owner or manager.
7. ***Renewals*** – Submit new application ***Submit copy of business license, proof of current liability, intent to hire, Doctor statement.***



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All fees are non-refundable
MESSAGE PERMIT APPLICATION

- Original Application Renewal Application LOST ID
- MESSAGE BUS OWNER MGR THERAPIST OFF PREMISE

Business Name _____

Business Address _____ City _____ Zip _____

Business Phone No. _____ Email: _____

Type of Business: _____ Name of DR _____

***** APPLICANT INFORMATION *****

Last Name _____ First _____ Middle _____

Home Address _____ City _____ State _____ ZIP _____

Cellphone No. _____ Type of I.D. _____

APPROVED GOVERNMENT ID WITH PHOTO No: . _____

EXP. DATE: _____ DOB: _____

MALE FEMALE Ht _____ Wt _____ Hair _____ Eyes _____

- Have you **EVER** been convicted of **ANY** crime? YES NO

List all convictions including dates, charges and locations:

- Do you have **ANY cases pending** against you in any administrative, civil or criminal court?
 YES NO

If so, where and for what?

- Have you **ever applied** for or received a massage permit anywhere in the U.S.A.?
 YES NO

Explain: _____



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MESSAGE PERMIT APPLICATION (cont.)

- Have you **ever been denied** a massage permit of any kind anywhere in the U.S.A.?
 YES NO

Explain: _____
 If so, list your occupation since such denial or revocation:

- **Have you ever practiced massage in a business that was unlicensed?** YES NO

If Yes, please explain _____

List your last two places of residence before your current address as well as the dates you resided there if current address is less then 3 yrs:

******* FOR BUSINESS AND OWNERS ONLY *******

Name and addresses of all Partners or Corporate Officers:
(COMPLETE FOR BUSINESS AND OWNER APPLICANTS ONLY)

1. NAME: _____

Approved Government ID with Photo: _____ Exp. Date: _____

Residence Address _____ City _____ ZIP _____

Cell phone No. _____

2. NAME: _____

Approved Government ID with Photo: _____ Exp. Date: _____

Residence Address _____ City _____ ZIP _____

Cell phone No. _____



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MESSAGE PERMIT APPLICATION (cont.)

List the person who will manage or be principally in charge of the business:
(TO BE COMPLETED BY BUSINESS AND OWNER/MANAGER APPLICANTS ONLY)

NAME: _____

Approved Government ID with Photo: _____ Exp. Date: _____

Residence Address _____ City _____ ZIP _____

Cell phone No. _____

List **all** other businesses, addresses, and phone numbers in which you or your partners hold a business interest:

List **all** previous business, addresses, and phone numbers where you have been employed as a massage therapist or masseur/masseuse or where you have held any business interest:

(FOR BUSINESS AND OWNER/MANAGER APPLICANTS ONLY)

Where do you have your bank account for the business?

Bank _____ Branch _____ Account No. _____

Is this a commercial account? YES NO

Name on account _____

All permits or licenses are NON-TRANSFERABLE. Application fees are NON-REFUNDABLE.

I CERTIFY UNDER PENALTY OF PERJURY THAT THE STATEMENTS I HAVE MADE ON THIS FORM ARE TRUE AND CORRECT. I AUTHORIZE THE CITY OF SAN JOSE, ITS AGENTS AND EMPLOYEES TO SEEK INFORMATION AND CONDUCT AN INVESTIGATION INTO THE TRUTH OF THE STATEMENTS SET FORTH IN THIS APPLICATION AND MY QUALIFICATIONS FOR THE LICENSE. I FURTHER UNDERSTAND THAT ANY OMISSIONS, FALSIFICATIONS OR MISREPRESENTATIONS, WILL BE GROUNDS FOR THE LICENSE DENIAL OR FUTURE REVOCATION.

Signature _____

Date _____



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All fees are non-refundable
MESSAGE PERMIT APPLICATION (cont.)

DO NOT WRITE BELOW THIS LINE

BUSINESS	\$ _____	_____	RMS ACCT	_____	EXP DATE	_____
OWNR/MGR	\$ _____	_____	RMS ACCT	_____		
OWNER/MGR ID	\$ _____	_____	PHOTO	_____	EXP DATE	_____
THERAPIST	\$ _____	_____	RMS ACCT	_____		
THERAPIST ID	\$ _____	_____	PHOTO	_____	EXP DATE	_____
TOTAL	\$ _____					

BIRTH CERTIFICATE OR PASSPORT OR ID W/PHOTO
 PROOF OF ZONING (ONLY FOR BUSINESS)
 CITY OF SAN JOSE BUSINESS LICENSE Exp. _____

CONSUMER AFFAIRS BUSINESS LICENSE
 CERT. OF INSURANCE
 LIST OF EMPLOYEES (ONLY FOR BUSINESS)

INTENT TO HIRE LETTER
 MASSAGE DIPLOMA
 DR.'S STMT, XRAY

MUNI CODE
 ISSUED APPLICANT A COPY OF MESSAGE ORDINANCE & DOCUMENTED IN COMPUTER
 DATE ISSUED: _____

Reviewer's Signature & Badge No.: _____ **Date:** _____

Vice Investigator Approval: YES _____ NO _____ **DATE:** _____
Signature: _____

Permits Investigator Approval: YES _____ NO _____ **DATE:** _____
Signature: _____



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MESSAGE BUSINESS
 INTENT TO HIRE LETTER

Date: _____

To: SAN JOSE POLICE DEPARTMENT, PERMITS UNIT

It is our intent to hire this individual if he/she successfully passes the permit process.

Name of Business: _____

Address of Business: _____

City: _____ Zip Code: _____

Name of Employee: _____

Date of Birth: _____

- This person is being hired as
- an Employee
 - a Contract Employee

Thank you,

 Business Owner/Manager (Print Name)

 Business Owner/Manager (Signature)



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**INSURANCE REQUIREMENTS FOR MASSAGE BUSINESS,
MASSAGE OWNERSHIP/MANAGEMENT, MASSAGE THERAPIST LICENSE**

Licensee shall procure and maintain, for the duration of their license and/or permit, insurance against claims for bodily injury due to alleged malpractice. (Masseurs Errors and Omissions coverage)

- **MINIMUM LIMIT OF INSURANCE**

\$1,000,000 Each Occurrence
\$1,000,000 Aggregate

- **DEDUCTIBLES AND SELF-INSURANCE RETENTIONS**

Any deductibles or self-insured retentions must be declared to, and approved by, the City's Risk Management Department.

- **OTHER INSURANCE PROVISIONS**

Insurance policy shall be endorsed to state that coverage shall not be suspended, cancelled, or reduced in limits except after thirty (30) days prior written notice has been given to the City.

- **ACCEPTABILITY OF INSURERS**

Insurance to be placed with an admitted insurer as defined by the California Insurance Code.

- **VERIFICATION OF COVERAGE**

Licensee/Permittee shall furnish the City with a certificate of insurance. Certificate is to be signed by a person authorized by that insurer to bind coverage on its behalf.

Proof of insurance shall be mailed to or faxed to Risk Management.

CITY OF SAN JOSE
Risk Management
200 East Santa Clara Street
Third Floor – Wing
San Jose, CA 95113

(408) 535-7060
FAX (408) 286-6492