

**2022-2023 MESSAGE BUSINESS LICENSE
AND CERTIFICATE OF REGISTRATION RENEWAL**

Below are massage business license renewal instructions for massage professionals (non-establishment owners) and massage establishment owners. Massage establishment owners must annually renew the massage Certificate of Registration in addition to the business license. **Note: A massage establishment may NOT operate after June 30, 2022 until the Certificate of Registration is renewed.**

MESSAGE ORDINANCE

Read a full copy of the San Buenaventura Municipal Code (SBMC) chapter 8.300, titled, "Massage Regulations" on our City website at the following address: https://library.municode.com/ca/san_buenaventura/codes/code_of_ordinances?nodeId=DIV8PUHESARE_CH8.300MARE

MESSAGE PROFESSIONALS

Renew online at <https://www.cityofventura.ca.gov/renew>. You will need:

1. Your Account Number and Security Code from your renewal form.
2. A scanned copy of your CAMTC Certificate, CAMTC picture I.D., and valid picture I.D. with current address (driver license).
3. Gross receipts for calendar year 2021 from your 2021 tax return. If your gross receipts, total earnings, include earnings from other cities, provide documentation to verify City of Ventura earnings only.
4. A credit card or e-check to make your business license payment.

MESSAGE ESTABLISHMENTS

To renew your business license AND Massage Establishment Certificate of Registration, you will need to mail in or bring in the following information. **Reminder: A massage establishment may NOT operate after June 30, 2022 until the Certificate of Registration is renewed.**

1. A completed business license renewal, with any changes or corrections.
2. A completed Massage Establishment Certificate of Registration Application.
3. The appropriate fees: business license tax payment and Certificate of Registration renewal fees.
4. A completed Massage Establishment Current Employment List.
5. A notarized Property Owner Acknowledgment Form and a copy of the current lease agreement naming all massage establishment owners listed on the establishment business license.
6. A copy of your 2021 calendar year tax return for the massage establishment.
7. Two color 2" x 2" photos of each owner, taken within 4 months.
8. Two color 4" x 6" photos of the designated manager(s) and receptionist(s), taken within 4 months.
9. A copy of each 1099-Misc issued by the establishment for each independent contractor that has worked at the establishment within the past 12 months.

Types of Tax Forms

| | |
|---|--|
| Sole Proprietorship or Single Member LLC..... | Form 1040 & Schedule "C" |
| Partnership..... | Form 1040, Schedule "C" & K-1 from Partnership |
| Corporation..... | Form 1120 |
| S-Corporation..... | Form 1040, Schedule "E", K-1S |

In Compliance with the Americans with Disabilities Act, this information is available in alternate formats by contacting the Business Tax Office at (805) 658-4715, or through the California Relay Service.

BUSINESS TAX OFFICE

- NEW REGISTRATION
- RENEWAL

This form is to be completed and submitted in conjunction with the *Business License Renewal Notice* or *New Business License Application*. Incomplete forms will not be accepted and will delay the application.

Photo
2" x 2"
to be applied by
city staff

- Check if taking ownership of an existing establishment and maintaining DBA (fictitious business name)

Select location option that applies: Commercial Home-based *Separate license required for out-call

Business Name _____

Business Address _____

Business Phone Number(s) (_____) _____ (_____) _____

List Services Provided _____

OWNER/APPLICANT INFORMATION

- Check if you are not CAMTC certified

Type of ownership: Sole Proprietor Partnership Corporation Other _____

Applicant/Primary Contact Full Name _____

CAMTC Cert # _____ Other Names Used _____

Home Address _____ City _____ State _____ Zip _____

Home Phone () _____ Driver's License No. _____

Date of Birth _____ Social Security No. _____

*Include two (2" x 2") color photographs, taken within four months preceding the date of application.

Second Owner/Contact Full Name _____

CAMTC Cert # _____ Other Names Used _____

Home Address _____ City _____ State _____ Zip _____

Home Phone () _____ Driver's License No. _____

Date of Birth _____ Social Security No. _____

Required: Employment History of each Applicant/Owner for five years preceding the date of application. Use additional sheet, if necessary.

Employer _____ Fr _____ To _____

Address _____ Phone () _____

Responsibilities _____

Employer _____ Fr _____ To _____

Address _____ Phone () _____

Responsibilities _____

Required: Business License or Permit History which shall include the business tax certificate and permit history of each Applicant/Owner.

| License or Permit | Date Issued | Suspended/Revoked? |
|-------------------|-------------|--|
| _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If a license or permit has been revoked, suspended, or surrendered as a result of pending criminal charges, please indicate date and reason: _____

Required: Criminal Convictions: On a separate sheet, please list all criminal convictions of any and all non-State Certified owners, within the last ten years and the places of such convictions in accordance with Sec. 8.300.080.B.3.

PROPERTY INFORMATION

Name and Address of the owner and lessor of the real property in which the business is conducted.

Name _____
Address _____
Phone Number (_____) _____
Description of other business operated on premises _____

NON-CAMTC STATE-CERTIFIED OWNERS ONLY – Background Check Required

NAME _____

Home Addresses (for the five years immediately preceding the date of the application)

Address _____ Fr _____ To _____ Present
Address _____ Fr _____ To _____
Address _____ Fr _____ To _____

RESPONSIBILITY ACKNOWLEDGEMENT

I certify under penalty of perjury that the information contained in this application is true and correct; that I am responsible for the conduct of all employees or independent contractors working on the premises of the business and that failure to comply with Cal. Bus. & Prof. Code 4600 et seq. or SBMC Chapter 8.300 may result in the suspension or revocation of the City-issued Certificate of Registration; and I hereby authorize the City of Ventura, its officers, agents and employees, to conduct an investigation into the truth of the statements set forth in the application and to ensure continual compliance with all applicable provisions of law. I acknowledge that City shares information with the CAMTC and both entities may take appropriate action if necessary.

Applicant Signature _____ Date _____

| | | |
|---|--|--|
| FOR OFFICE USE ONLY | <input type="checkbox"/> Approved | <input type="checkbox"/> Incomplete |
| <input type="checkbox"/> Address Verification for each owner _____ | | |
| <input type="checkbox"/> Copy of Lease Agreement | <input type="checkbox"/> Notarized Acknowledgement of massage establishment from Owner | |
| <input type="checkbox"/> Two facial photographs for each owner: (2"x 2") | <input type="checkbox"/> Two facial photographs for each manager: (4"x 6") | |
| <input type="checkbox"/> Floor plan | <input type="checkbox"/> Fire clearance | <input type="checkbox"/> Planning Approval |
| <input type="checkbox"/> Proof of WC insurance OR Certificate of Exemption | | |
| <input type="checkbox"/> Articles of Incorporation (for new applicants only) (incl info for all officers/ stockholders with 5%+of corp stock) | | |
| <input type="checkbox"/> Certificate of Limited Partnership, if applicable | | |
| <input type="checkbox"/> Background check _____ | | |

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501 Poli Street, Rm. 107, Ventura CA 93001
 BL@cityofventura.ca.gov
 (805) 658-4715
 Fax: (805) 653-0634

**MESSAGE ESTABLISHMENT
 PROPERTY OWNER
 ACKNOWLEDGMENT**

BUSINESS TAX OFFICE

Applicant Name _____

Massage Establishment Name _____

Business Location Address _____

Dear Property Owner/Agent:

The above-named Applicant has applied for a new, or renewed, Business License to operate a Massage Establishment ¹.

If the applicant is not the legal owner of the real property, a notarized acknowledgment from the owner of the property that a massage establishment will be located on his or her property is required for each establishment location.

Please list all persons on the lease agreement, including any additional persons known by you, to have responsibility for this lease. Please print lessee(s) name(s):

- 1) _____
- 2) _____
- 3) _____

Lease dates _____ to _____.

NOTARIZED ACKNOWLEDGMENT

Property Owner/Agent _____

Address _____

Phone _____

I, _____, the undersigned, acknowledge that a massage establishment will be located at the business location address identified above and that I am the owner of record of the property, or that I am an agent of the owner duly authorized to represent the owner in such matters. I consent to said massage business operating on the premises and acknowledgment that, in addition to any other liability that may be imposed by law, that I may be held legally responsible for the costs of any nuisance abatement under San Buenaventura Municipal Code Chapter 8.300 - Massage Regulations. I acknowledge that a notarized Property Owner Acknowledgment must be submitted each fiscal year at the time of Business License renewal. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signed _____

Printed Name _____

Title _____ Telephone Number _____

¹ Pursuant to the San Buenaventura Municipal Code §8.300.070, any person desiring to own or operate a massage establishment shall make an annual application to the License Authority for a Certificate of Registration.

BUSINESS TAX OFFICE

All massage establishments must employ only State-certified massage therapists and provide a list of all massage professionals, designated managers, and designated receptionists working at the establishment. As employees are hired, or no longer work at your establishment, an updated list must be submitted **within 30 days of any change.**

| | | | |
|--------------------|--|-----|---------|
| Establishment Name | | | |
| Location Address | | | |
| Business Owner | | | |
| Business Phone | | New | Updated |

Please list all massage professionals, including owners and employees, whether paid on a W2 or 1099 basis. **Include a copy of the employee's State certification picture I.D. that was provided by the California Massage Therapy Council (CAMTC) and, if a W2 employee, provide proof of employment.**

| Last Name, First Name <small>*Indicate any other names used</small> | Home Address | Phone No. | Type of Employee | If 1099 or Rent: City of Ventura Business License No. | CAMTC Cert. No. |
|--|--------------|-----------|------------------------|---|--------------------|
| Owner | | | W2 ___ 1099 ___ | | |
| Owner | | | W2 ___ 1099 ___ | | |
| Designated Manager | | | W2 ___ 1099 ___ | | |
| Designated Manager | | | W2 ___ 1099 ___ | | |
| Designated Receptionist | | | W2 Employee Only | | |
| Designated Receptionist | | | W2 Employee Only | | |

(Continued on back.)

This list must be kept up to date.

I, _____, am the owner of the above establishment and understand that a manager must be on the premises at all times the massage establishment is open. In my absence, the manager may be charged in the same manner and to the same extent as an owner for any violation of this chapter. I attest to the fact that the both the manager and receptionist shall not have any disqualifying conduct in his or her background.

Signature _____ Date _____

| Last Name, First Name *Indicate any other names used | Home Address | Phone No. | Type of Employee | If 1099 or Rent: City of Ventura Business License No. | CAMTC Cert No. |
|---|--------------|-----------|--------------------------------|--|-------------------|
| | | | W2 ___ 1099 ___ Rent ___ | | |
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| | | | W2 ___ 1099 ___ Rent ___ | | |
| | | | W2 ___ 1099 ___ Rent ___ | | |

This list must be kept up to date.

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The following are highlights of the San Buenaventura Municipal Code (SBMC) chapter 8.300, titled "Massage Regulations". This list is not all inclusive and is only intended to provide an overview of the main relevant points of the ordinance. It is the responsibility of each business owner and massage professional performing massage in the City of Ventura to be aware of, and adhere to, the City's massage ordinance requirements.

§8.300.020 - Defines employee and independent contractor

§8.300.050.A – All persons shall obtain a business tax certificate when required by the City's business license tax provisions found in Chapter 4.155.

§8.300.050.B – Any individual applying for a business license as a massage professional shall provide proof of a current and valid state certificate before being issued a business license.

§8.300.060 – Registration of Certification required at no charge to operate a massage establishment.

§8.300.180.A.2 – Hours of operation are 7am to 10pm and must be posted in a conspicuous place.

§8.300.180.B.4 – Massage patrons and visitors are permitted only during hours of operation.

§8.300.210.A.1 – Clean and sanitary towels, sheets and linens shall be provided for each patron receiving massage services.

§8.300.210.A.2 – Disinfecting agents and sterilizing equipment shall be provided to ensure cleanliness and safety for any instruments used in massage.

§8.300.210.A.3 – Use of standard or portable massage tables or chairs only

§8.300.210.A.4 – Table showers are not permitted

§8.300.210.A.5 – Clients must have specified anatomical areas fully covered during massage.

§8.300.210.A.7 – Beds not permitted in the establishment

§8.300.210.A.8 – Clean waste containers with tight-fitting covers for storing waste matter

§8.300.210.A.9 – Closed cabinets for storage of laundered towels and linens.

§8.300.150.C – No person shall massage or intentionally touch specified anatomical areas of patron.

§8.300.150.D – All employees shall wear clean outer garments, which shall not include attire that is transparent, see-through, or substantially exposes any undergarments; swim attire; or attire that would otherwise be deemed by CAMTC to be unprofessional based on the custom and practice of the profession.

§8.300.220.A.1 – Building or unit must comply with all applicable building codes.

§8.300.220.A.3 – Walls of toilet and bathing facilities must be waterproof and in good repair.

§8.300.220.A.4 – All walls of wet or dry rooms shall be kept clean daily; bathtubs after each use.

§8.300.220.A.5 – All building installations shall be installed under permits issued by the City.

§8.300.220.A.6 – Minimum lighting shall be at least 40 watts. No strobe, flashing or colored lights.

§8.300.220.A.7 – One front door which opens to the waiting area shall be only access for customers.

§8.300.220.A.8 – All interior doors of massage treatment rooms shall not have locking mechanisms unless it leads directly onto a common hallway shared with other unrelated business.

§8.300.220.A.9 – When flies or other vermin are present, effective control measure shall be instituted for their control or elimination.

§8.300.220.A.10 – Inspections required for any extension/expansion of building.

8.300.220.B – No window coverings, unless necessary for comfort and storefront is not entirely covered.

8.300.280.D.1 – No new establishment within 500 feet of another, unless limited exemption or within an Executive Suite.

§8.300.300.A – Reasonable and periodic inspections of massage establishment with or without notice during regular business hours for purpose of determining that there is compliance with provisions of this chapter and other state and local laws.

A copy of the ordinance in its entirety can be obtained by visiting the City's website at:
https://library.municode.com/ca/san_buenaventura/codes/code_of_ordinances?nodeld=DIV8PUHESARE_CH8.300MARE