



# MESSAGE-BODYWORK ESTABLISHMENT AND/OR MESSAGE/BODYWORK TECHNICIAN PERMIT

SAN JOAQUIN COUNTY COMMUNITY DEVELOPMENT DEPARTMENT  
1810 E. HAZELTON AVENUE, STOCKTON CA 95205  
BUSINESS PHONE: (209) 468-3121  
Business Hours: 8:00 a.m. to 5:00 p.m. (Monday through Friday)

## APPLICATION PROCESSING STEPS

**STEP 1 CHECK WITH STAFF** - Development Services Staff will explain the requirements and procedures to you.

**STEP 2 SUBMIT YOUR APPLICATION** - When you apply, file all of the following:

- **REQUIRED** You must apply in person for this application and present your California Driver's License, State Identification Card, INS Work Authorization Card or similar Identification with a picture and date of birth. Four (4) recent Passport size color photographs must also be submitted with the application.
- **FEE** A fee is required at time of application. Staff will inform you of the current fee. Make checks payable to the San Joaquin County Treasurer. Permits are valid for three (3) years. If fingerprints are required by the Sheriff's Office, a separate fee will be collected at that office. For specific details contact Development Services staff.
- **FORM** One (1) copy with original signature of a completed application form (attached).
- **CERTIFICATES** Certificates from a school registered with the California Bureau for Private Post Secondary and Vocational Education (BPPVE) are required. These certificates must equal at least 300 hours training.
- **APPLICATION COMPLETE** Staff will check your application. If any form is incomplete or missing, your application cannot be processed.

**STEP 3 APPLICATION PROCESSING**

- **REFERRALS** Staff will review your application and refer it to the San Joaquin County Sheriff's Department for a background investigation. You will be required to personally appear for an interview and possible fingerprinting. (Contact: Technical Services (209) 468-4459)
- **BUSINESS LICENSE** A Business License Application must be filed concurrently with this application. The Business License will not be approved until this application is approved. A business license is not required if you are going to be an employee or rent/lease space at an existing or proposed business.
- **ISSUANCE** Approval or Denial of this application will be within forty-five (45) days of date of application.

**STEP 4 RENEWALS** Renewals are every 3 years and require the filing of a new application as outlined above in step 2. Fee for renewal is required. Staff will inform you of the current fee.



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STAFF USE ONLY

PERMIT NUMBER \_\_\_\_\_

APN # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ZONE \_\_\_\_\_ GENERAL PLAN \_\_\_\_\_

**I am applying for:**

Massage/Bodywork Establishment Permit [ ] Yes [ ] No Fee \_\_\_\_\_

Massage/Bodywork Technician Permit [ ] Yes [ ] No Fee \_\_\_\_\_

Note: Only one fee is collected if both permits are applied for at the same time on the same application.

County Business License Application Number: \_\_\_\_\_

**APPLICANT INFORMATION:** (Please type or print)

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Hair \_\_\_\_\_ Eyes \_\_\_\_\_ Scars/Tattoos \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver's Lic. # \_\_\_\_\_ State \_\_\_\_\_

Hours of Massage/Bodywork Training \_\_\_\_\_

**Certificates totaling a minimum of 300 hours from schools meeting standards of Chapter 3, Section 94301-94346 and Chapter 7, Article 5, Section 94800-94848 of the State of California Education Code must be attached to this application**

Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address if different \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Business Address \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

**Note: If additional space is required, attach a separate sheet.**



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**Please read the following questions carefully and answer them. For any questions answered "YES," please provide an explanation below. Attach a separate typed or printed explanation if necessary.**

QUESTIONS	YES	NO
1. Have you ever used any name other than listed in this application?		
2. Have you ever owned, operated, worked in or managed a Massage/Bodywork Establishment?		
3. Have you ever applied for a permit to operate or work in a Massage/Bodywork Establishment and been denied?		
4. Have you ever had a permit to operate or work in a Massage/Bodywork Establishment suspended or revoked?		
5. Have you within three years preceding this application been convicted of any offense which relates directly to the operation of a Massage/Bodywork Establishment?		
6. Have you ever been convicted of a felony which occurred on the premises of a Massage/Bodywork Establishment?		
7. Have you within ten (10) years preceding this application completed a probation period or been released from prison after being convicted of any offense requiring registration under Section 290 Penal Code or any violation of Sections 261.5, 266h, 266i, 314, 315, 316, 318, or 647(a), (b), or (d) of the Penal Code or conspiracy or attempt to commit any such offense which is the equivalent of any of the aforesaid offenses?		
8. Have you within ten (10) years preceding this application completed a probationary period or been released from prison after being convicted of any felony offense specified in Division 10 of the Health and Safety Code?		
9. Have you within three (3) years preceding this application been convicted of any offense involving moral turpitude?		

**EXPLANATION:**




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**NOTE:** A separate application is required for each individual owner, officer of a Corporation, or partner in a Partnership as outlined in Section 7-1254(a) County Ordinance Code.

I, hereby, affix my signature to this application under penalty of perjury. Failure to answer any question truthfully or knowingly misrepresenting any information is grounds for denial of permit under Sections 7-1263 or 7-1290 San Joaquin County Ordinance Code, and is subject to criminal charges being filed by the Office of the District Attorney.

Signed \_\_\_\_\_

Dated \_\_\_\_\_

Application Received By: \_\_\_\_\_

Date: \_\_\_\_\_

STAFF USE ONLY				
DEPARTMENT	APPROVED	DENIED	BY	DATE
Community Development Department				
Sheriff				
License Approved For:				
Remarks:				
Accepted as Complete:				
			Date:	