



# City of Palm Springs

## Business License Division

3200 E. Tahquitz Canyon Way • Palm Springs, California 92262  
Tel: (760) 323-8289 • Fax: (760)322-8344 • Web: [www.palmsprings-ca.gov](http://www.palmsprings-ca.gov)

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### MESSAGE ESTABLISHMENT PERMIT APPLICATION

PURSUANT TO CHAPTER 5.34 OF THE PALM SPRINGS MUNICIPAL CODE, THIS APPLICATION MUST BE FULLY COMPLETED AND ALL NECESSARY FEES PAID PRIOR TO ACCEPTANCE BY THE BUSINESS LICENSE DIVISION FOR PROCESSING. ACCEPTANCE OF THE APPLICATION BY THE BUSINESS LICENSE DIVISION DOES NOT AUTHORIZE THE APPLICANT TO OPERATE A MESSAGE ESTABLISHMENT UNTIL FULL APPROVAL BY ALL DEPARTMENTS AND ISSUANCE OF A PERMIT. ADDITIONALLY, PRIOR TO APPLYING FOR A MESSAGE ESTABLISHMENT PERMIT, ALL REQUIREMENTS ON THE ATTACHED INSTRUCTION SHEET MUST BE MET.

Name of Establishment: \_\_\_\_\_

Definition of service to be performed, and location, mailing address and all telephone numbers where business is to be conducted:

\_\_\_\_\_  
\_\_\_\_\_

Name and residence address of Applicant(s): \_\_\_\_\_

\_\_\_\_\_

Two previous residence addresses of Applicant(s):

1. \_\_\_\_\_

2. \_\_\_\_\_

Full name, nicknames, and aliases: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver's License # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Weight \_\_\_\_\_ Height \_\_\_\_\_ Sex \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Similar business history of Applicant(s) for the ten (10) years prior to date of application including but not limited to whether or not such person performed such service in another city or state under license or permit. If such license or permit has been revoked or denied, state reason for denial or revocation:

\_\_\_\_\_  
\_\_\_\_\_

Name and address of each massage therapist who is or will be employed: (All massage therapists must be licensed separately).

\_\_\_\_\_  
\_\_\_\_\_

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Massage Establishment Permit Application

Business, occupation, or employment for three (3) years immediately preceding date of application:

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Names and addresses of any other massage businesses operated by Applicant(s):

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Description of any other business to be operated on the same premises or adjoining premises which are owned or controlled by Applicant(s):

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Statement of all convictions of Applicant(s) for any felony or misdemeanor of violation of any ordinance, except minor traffic violations:

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I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT. I AUTHORIZE THE CITY, ITS AGENTS AND EMPLOYEES TO CONDUCT INVESTIGATIONS TO DETERMINE THE TRUTHFULNESS OF THE STATEMENTS AND DOCUMENTS AS SET FORTH IN THIS APPLICATION.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

<b>CITY USE ONLY</b>	
PLANNING DEPARTMENT APPROVAL:	YES _____ NO _____
ACCOUNT #: _____	RECEIPT #: _____
COMMENTS _____	



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### **INSTRUCTIONS FOR MESSAGE ESTABLISHMENT PERMIT APPLICATION**

**PRIOR TO APPLYING FOR A MESSAGE ESTABLISHMENT PERMIT, THE FOLLOWING REQUIREMENTS MUST BE MET. APPLICANT(S) MUST PROVIDE:**

1. TWO COPIES OF PERSONAL IDENTIFICATION AND WRITTEN PROOF OF AGE INDICATING APPLICANT(S) IS AT LEAST 18 YEARS OF AGE.
2. TWO FRONT-FACE PHOTOS TAKEN WITHIN THE LAST 30 DAYS (PROFESSIONAL).
3. A COMPLETE SET OF FINGERPRINTS TAKEN BY THE PALM SPRINGS POLICE DEPARTMENT. PLEASE CALL (760) 323-8116 TO SCHEDULE AN APPOINTMENT.
4. THE NAMES, CURRENT ADDRESSES AND WRITTEN STATEMENTS OF AT LEAST THREE BONA FIDE PERMANENT RESIDENTS, OTHER THAN RELATIVES, OF THE UNITED STATES, THAT THE APPLICANT(S) IS OF GOOD MORAL CHARACTER. IF THE APPLICANT(S) IS ABLE, THE STATEMENT MUST FIRST BE FURNISHED FROM RESIDENTS OF PALM SPRINGS.
5. THE NAME AND ADDRESS OF A RECOGNIZED SCHOOL, DATES ATTENDED, AND A DIPLOMA OR CERTIFICATE OF GRADUATION STATING THAT APPLICANT(S) HAS COMPLETED AT LEAST 100 HOURS OF INSTRUCTION IN MASSAGE THERAPY. IF APPLICANT(S) DOES NOT PARTICIPATE IN THE ACTUAL MASSAGE PROFESSION, THIS REQUIREMENT IS WAIVED.
6. A MEDICAL CERTIFICATE SIGNED BY A PHYSICIAN LICENSED TO PRACTICE IN THE STATE OF CALIFORNIA, DATED WITHIN SEVEN (7) DAYS OF THE DATE OF APPLICATION. THE CERTIFICATE SHALL STATE THAT THE APPLICANT(S) WAS EXAMINED BY THE CERTIFYING PHYSICIAN AND THAT THE APPLICANT(S) IS FREE OF COMMUNICABLE DISEASES. IF APPLICANT(S) DOES NOT PARTICIPATE IN THE ACTUAL MASSAGE PROFESSION, THIS REQUIREMENT IS WAIVED.

#### **PERMIT FEES\*:**

ANNUAL MASSAGE ESTABLISHMENT FEE \$67 (COVERS 1-2 OWNERS)

BUILDING INSPECTION FEE \$101

FIRE AND SAFETY INSPECTION \$92

ANNUAL MASSAGE PERMIT FEE \$100 (FOR EACH OWNER PERFORMING MASSAGE)

ADMINISTRATION FEE \$28.00

BACKGROUND CHECK FEE \$150.00

**\*NOTE: THESE FEES ARE NON-REFUNDABLE**