

MASSAGE THERAPY BUSINESS REGISTRATION INFORMATION PACKET



City of San Carlos
Business Registrations
600 Elm Street
San Carlos, CA 94070
(650) 802-4213
businessreg@cityofsan-carlos.org

What to Know

1. It is unlawful for any individual to practice Massage Therapy as a sole proprietorship or employee of a Massage Establishment or in any other capacity within the City unless that individual is a certified massage practitioner (please note that Conditional Massage Therapy Certificates are no longer acceptable). All individuals employed by the massage business to perform massage must be certified massage practitioners.
2. The Owner(s)/Operator(s) of a Massage Establishment shall be held responsible for the conduct of all of the employees, agents, independent contractors, or other representatives while on the premises of the establishment and/or performing Massage Therapy.
3. The City has the authority to deny, revoke, restrict, or suspend a business registration for either of the following causes: a) an employee, agent, independent contractor, or other representative of the business or establishment has committed a violation of this chapter, or of Chapter 10.5 (commencing with Section 4600) of Division 2 of the California Business or Professions Code; or b) the business or establishment has provided materially false information in its application for a business registration.
4. Applications for Massage Establishments shall pay a one-time zoning clearance fee in addition to the annual business registration fee in accordance with San Carlos Municipal Code Chapter 5.04 and as set forth in this Chapter and pay a business registration fee sufficient to cover registration costs, in accordance with the registration fee schedule set forth in San Carlos Municipal Code Chapter 5.04.
5. For zoning purposes, Massage Therapy and Massage Establishments are considered to be personal service uses.

What to Submit

The applicant shall submit the following information to the Finance Department for routing to Planning, Building, and Police, as applicable. If any of the following information is not provided upon submittal, the application shall be deemed incomplete and processing will be delayed:

- 1) A business registration application containing the following information:
 - a) Legal name of the massage business.
 - b) Address and telephone number of the massage business.
 - c) Legal names of all owners of the massage business.
 - d) A list of all of the massage business's employees and independent contractors who are performing massage and their CAMTC certification.
 - e) Residence address and telephone number of all owners of the massage business.
 - f) Business address and telephone number of all owners of the massage business
 - g) The form of business under which the massage business will be operating (i.e., corporation, general or limited partnership, limited liability company, or other form).
 - h) Each Owner or Operator of the massage business who is not a CAMTC-certified massage practitioner shall submit an application for a background check, including the following: the individual's business, occupation, and employment history for the five (5) years preceding the date of the application; the inclusive dates of such employment history; the name and address of any massage business or similar business owned or operated by the individual whether inside or outside the City.
 - i) For all Owners, a valid and current driver's license and/or identification issued by a state or federal governmental agency or other photographic identification bearing a bona fide seal by a foreign government.

- j) For all Owners, a signed statement that all of the information contained in the application is true and correct; that all owners shall be responsible for the conduct of the business's employees or independent contractors providing massage services; and acknowledging that failure to comply with the California Business and Professions Code section 4600 et seq., any local, state, or federal law, or the provisions of this Chapter may result in revocation of the business's City registration certificate.
- 2) Proof of massage malpractice insurance in the sum of no less than one million dollars.
- 3) One-time zoning clearance fee plus annual business registration fee.
- 4) Each Massage Therapist and Massage Practitioner shall provide their full, true name, and other names used, date of birth, California driver's license number or California identification number, social security number, present residence address, telephone number, their sex, height, weight, color of hair, and color of eyes. Such other identification and information shall be provided as required by the Chief of Police or his representative necessary to confirm the identity of those claiming to hold a valid CAMTC certificate.
- 5) A complete definition of all services to be provided.
- 6) Any changes in staffing, ownership, and business address shall be submitted to the City within thirty (30) days after any change.

How to Obtain a Massage Therapy Business Registration Certification:

- 1) Apply for a City of San Carlos Business Registration
- 2) Apply for a Livescan* criminal background check.

The City of San Carlos does not provide Live Scan fingerprinting services. Applicants must use the City of San Carlos Live Scan form and bring it to The San Mateo County (SMC) Sheriff's Office in Redwood City at 400 County Center, 3rd Floor.

Fingerprinting / Live Scan Information and Appointments.

San Mateo County does not accept walk-in appointments. You may schedule your appointment online by following the directions below or call them directly to schedule an appointment at (650) 599-1570.

- a. Visit the SMC Sheriff's Office website at <http://www.smcsheriff.com>
 - b. Click on the "Services" header box from the drop down menu and click on "Fingerprinting / Live Scan"
 - c. Scroll down the screen until you reach the various Live Scan options.
 - d. Click on the DOJ check only \$71.00 "BOOK" tab and follow prompts
 - e. Bring a valid photo ID and your completed Request for Livescan service form to your appointment
- 3) Allow 4-6 weeks+ processing time for Zoning Approval and Livescan results.

Costs Associated with Obtaining a Massage Business Registration:

1) Livescan Fingerprinting Fees

- \$71 - Live Scan Department of Justice fee (collected by SMC – check or exact cash amount only)

2) Business Registration

- Business Registration fee based on number of employees

3) Zoning Review and Approval

- \$565 zoning fee

What to Read for Additional Background

Chapter 5.40 – Massage Therapy Regulations

<http://www.codepublishing.com/CA/sancarlos/>

Hard copy of Ordinance available upon request.

*Live Scan is inkless electronic fingerprinting. The fingerprints are electronically transmitted to the Department of Justice (DOJ) for completion of a criminal record check.

Business Registration Application

For Massage Businesses



- New Business
- Change of Ownership
- Change of Address
- Change of Business Name
- Annual Renewal - Business Registration

City of San Carlos

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600 Elm Street
San Carlos, CA 94070
(650) 802-4213

businessreg@cityofsanarlos.org

Legal Name of Business _____ DBA (If any) _____ Phone _____

Business Address (include Zip – PO Boxes are not permitted) _____ E-mail Address _____

Mailing Address (include Zip) _____

Type of Business & Detailed Description of Services Provided _____ # of Employees/Owners _____
To avoid delays in the Zoning review, please be VERY specific in describing the type of business and all of the services you will provide

Business Ownership Type: Corporation LLC Partnership Sole Owner Other _____

Federal Tax ID# (FEIN) _____ Social Security # _____ State Tax ID # _____
For Corporations, Partnerships, LLC's For Sole Proprietors (State of CA)

Legal Names of all CAMTC Certified Massage Owners & Employees

Business Owners/ Employees	Title	Home Address (include Zip)	SSN	Phone
Business Owners/ Employees	Title	Home Address (include Zip)	SSN	Phone
Business Owners/ Employees	Title	Home Address (include Zip)	SSN	Phone
Business Owners/ Employees	Title	Home Address (include Zip)	SSN	Phone
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Business Owners/ Employees	Title	Home Address (include Zip)	SSN	Phone
Business Owners/ Employees	Title	Home Address (include Zip)	SSN	Phone

Requirements for Submission with New Applications:

A new business registration application and requisite documentation, subject to planning and police review, is required for annual renewals of massage business registrations for review by the San Mateo County Sheriff's Department.
If any of the following information is not provided, application will be deemed incomplete.

- Legal Names, addresses, phone numbers of all owners, employees & independent contractors
- Complete written definition of all services to be provided
- Copy of all professional certifications for all owners, employees & independent contractors
- Copy of CAMTC-certification of all owners, employees & independent contractors
Any individual practicing massage within the city shall possess a valid CAMTC certificate
- Livescan criminal background check and employment history of all owners, employees & independent contractors through San Mateo County Sheriff's office
- Copy of driver's license and or state ID of all owners, employees & independent contractors
- Copy of proof of Insurance (No less than \$1,000,000.00)

The business registration application for a massage establishment is subject to review by Planning, Building, and the San Carlos Police Department. In addition to required documents, appropriate permits / approvals from these departments will have to be secured before the start of a massage establishment. The process can take 4-6 weeks, depending on the type / location of the business, length of review process and/or applicant's fulfillment of appropriate documentation and permits. For questions regarding the approval process, please contact the applicable department.

Building (650) 802-4261 Planning (650) 802-4263 Police (650) 802-4227

*I declare under penalty of perjury that all information contained on this application is true and correct to the best of my knowledge.

Signature _____ Title _____ Date _____

City of San Carlos Business Registration Fee Schedule (Effective October 1, 2017)

FEE CALCULATIONS

Please use the table below to calculate fees owed for business registration.

*Minimum base fee is \$200.

Massage Services	Base Fee	Zoning Fee	Technology Fee	SB 1186*	Total
1 Employee/Owner	\$200	+ \$565	+ \$10.17	+ \$4 =	\$779.17

Massage Services		Per Employee	# Employees		Base Fee	Zoning Fee	Technology Fee	SB 1186*	Total
2+ Employees/Owners	\$106 +	\$51 x		=	\$200	+ \$565	+ \$10.17	+ \$4 =	

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Applications for new Massage Establishments shall pay a one-time zoning clearance fee, in addition to the annual business registration fee in accordance with San Carlos Municipal Code Chapter 5.04 and as set forth in this Chapter and pay a business registration fee sufficient to cover registration costs, in accordance with the registration fee schedule set forth in San Carlos Municipal Code Chapter 5.04. For zoning purposes, Massage Therapy and Massage Establishments are considered to be personal service uses.

- ⇒ **This business registration charge is a local fee for revenue purposes only. It is the owner's sole responsibility to renew it annually. A new business registration application and requisite documentation subject to planning and police review is required for annual renewals of massage business registrations.**
- ⇒ **The business registration certificate must be posted in a conspicuous place.**
- ⇒ **Business Registration Certificates are non-transferable documents. A change in ownership requires the new owner(s) to register their business. A Change of Address also requires a new registration form and zoning clearance fee. Duplicate copies of business registrations are subject to an additional fee.**

Planning Department Review

Home \$ _____
 Commercial \$ _____
 Seasonal \$ _____
 Zoning Review Fee \$ _____
 SB 1186 State Mandated Fee * \$ _____
 Fire Approval _____
 Building Approval _____
 Certificate of Occupancy \$ _____
 Zoning District _____
 Approved Denied By: _____
 Date: _____
 BUS # _____
Comments/Conditions:

Fee Calculation for New Massage Registrations

Column B Base Fee \$106
 Column C \$51 X per employee _____
 Column D Zoning Review \$565
 Column E SB 1186 State Mandated Fee* \$4
 Column F Massage Tech Fee \$10.17
Total Fees Due _____
Additional Notes:

Finance Department Only

Date Paid: _____
 Paid Amount: _____
 By: _____
 Account ID #: _____

NOTICE: Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies: The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx - The Department of Rehabilitation at www.rehab.cahwnet.gov - The California Commission on Disability Access at www.cdda.ca.gov.

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: _____ **Type of Application:** (check one) **Employment** **License, Certification, Permit** **Volunteer**
Code assigned by DOJ

Job Title or Type of License, Certification or Permit:

Agency Address Set Contributing Agency:

Agency authorized to receive criminal history information		Mail Code (five-digit code assigned by DOJ)	
Street No.	Street or PO Box	Contact Name (Mandatory for all school submissions)	
City	State	Zip Code	Contact Telephone No.

Name of Applicant:

	Last	First	MI	
AKA's				CDL No.
	Last	First	MI	
DOB: _____	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female			Misc. No BIL- _____
Ht: _____	WT: _____			Misc. No. _____
Eye Color: _____		Hair Color: _____		Home Address: (Applies only if Youth Org/HRA or Public Utility submission)
POB:		Street or PO Box		
SOC:		City, State and Zip Code		

Your Number: _____ **Level of Service** **DOJ** **FBI**

OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. _____

Employer: (Additional response for Department of Social Services, DMV/CHP licensing and Department of Corporations submissions only)

Employer Name

Street No.	Street or PO Box	Mail Code (five-digit code assigned by DOJ)	
City	State	Zip Code	Agency Telephone No.

Live Scan Transaction Completed By:	Date:
Name of Operator	
Transmitting Agency	ATI No.
	Amount Collected Billed

Original-Live Scan Operator, Second Copy-Requesting Agency, Third Copy- Applicant