



Community Development Department  
14000 City Center Dr., Chino Hills, CA 91709  
(909) 364-2740 Fax (909) 364-2795  
www.chinohills.org

## MESSAGE ESTABLISHMENT\*APPLICATION CHECKLIST

THIS APPLICATION MUST BE FILLED OUT COMPLETELY IN ORDER TO BE ACCEPTED AND PROCESSED. THIS APPLICATION SHALL BE PROCESSED CONCURRENTLY WITH A CONDITIONAL USE PERMIT ENTITLEMENT APPLICATION. No application will be accepted until all requirements are met in full and the following is provided for each owner, partner, officer, director, or stockholder.

- TWO (2) CURRENT COLOR 2”X 2” PHOTOGRAPHS**
- PHOTO IDENTIFICATION (i.e. California Driver’s License)**
- INVESTIGATIVE FEE (PLUS fingerprint fee to be paid separately to the Police Department or LiveScan Facility.)** Refer to the Community Development Fee/Deposit Schedule for application fee amount.
- Annual Business License fee (paid upon approval).** Refer to the Community Development Fee/Deposit Schedule for application fee amount.

\* All owners, partners, officers, directors, and stockholders holding more than 5% ownership of the business as part of a corporation or partnership, **MUST** fill out a **separate application**.

\*\* Filing for renewal: If a license renewal application is submitted prior to the expiration of the license, only a physician’s statement and payment of the annual license fee shall be required. No application for renewal of the license shall be accepted earlier than ninety (90) days prior to expiration of the license.

**SEE REVERSE SIDE FOR APPLICATION**



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## MESSAGE ESTABLISHMENT APPLICATION

### SECTION 1

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Last Name	First Name	MI
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Address	City	State	Zip Code
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Home Phone Number	Email Address	Social Security Number
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Birth Date	Age	Driver's License Number
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Hair Color	Eye Color	Height	Weight
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#### Location of business where licensed massage activities will be conducted:

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Name of Business	Email Address
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Address	Phone Number
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### SECTION 2

List all home addresses within the past three (3) years:

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From	To	Address	City	State	Zip Code
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From	To	Address	City	State	Zip Code
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From	To	Address	City	State	Zip Code
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From	To	Address	City	State	Zip Code
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From	To	Address	City	State	Zip Code
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## **SECTION 6**

Revocations, criminal convictions, or suspensions:

1. Is this a sole proprietorship?  YES  NO

If **NO**, then all owners, partners, officers, directors, and stockholders holding more than 5% ownership of the business as part of a corporation or partnership shall fill out a separate application.

## **SECTION 7**

1. Is this a corporation?  YES  NO

If **YES**, then provide a copy of the Articles of Incorporation.

## **SECTION 8**

The names and addresses of all massage technicians employed at this location must be included with this application. See page 6 of the application and attach as many sheets as necessary.

## **SECTION 9**

1. Have you ever had a massage establishment, massage technician, or similar license suspended or revoked?  YES  NO  
If **YES**, attach details.
2. Have you ever been convicted of conduct which is in violation of the Provisions of California Penal Section 266(l), 315, 316, or 647(b)?  
If **YES**, attach details.  YES  NO
3. Have you been convicted of an offense involving conduct which requires registration under the California Penal Code Section 2907?  
If **YES**, attach details.  YES  NO
4. Have you been convicted of any felony involving sale of a controlled substance specified in Section 11054-11058 of the California Health and Safety Code?  
If **YES**, attach details.  YES  NO
5. Have you ever been convicted in another state of an offense, which if committed or attempted in this state, would have been punishable as one or more of the offenses enumerated in Section 41.194(8), or one or more other offenses as may be described under the Government Code?  
YES  NO   
If **YES**, attach details.
6. Attach a statement of all massage business history or occupation subsequent to any suspension or revocation.

**THIS SECTION INTENTIONALLY LEFT BLANK**

**APPLICANT DECLARATION:**

**FRAUD OR DECEIT IN BEING LICENSED IS SUFFICIENT CAUSE FOR DENIAL OR REVOCATION OF LICENSE.**

The undersigned deposes and says that he/she is the applicant named in the foregoing and that the statements and answers contained herein are true and correct to the best of his/her knowledge and belief; that he/she will abide by all the laws of the City of Chino Hills, County of San Bernardino, and the State of California.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant – Print Name

**STATEMENT OF APPLICANT:**

I understand that a criminal history information check is required as part of the massage establishment / massage technician application process of the City of Chino Hills. I hereby authorize the release of criminal history information by the San Bernardino County Sheriff's Department and the California Department of Justice as authorized under Sections 11105(b) (10) and 13300 (b) (10) of the California Penal Code.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Names and addresses of all Massage Technicians employed by applicant:**

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Last Name	First Name	MI
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Address	City	State	Zip Code
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Last Name	First Name	MI
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Address	City	State	Zip Code
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Last Name	First Name	MI
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Address	City	State	Zip Code
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