



City of Corona

APPLICATION FOR MASSAGE ESTABLISHMENT OWNER/MANAGER PERMIT

All massage establishment business owners and managers are required to obtain a City of Corona Massage Owner/Manager Permit prior to conducting business. However, a City business license is also required.

If you choose to apply for a City of Corona Massage Owner/Manager permit, the following guidelines have been provided to assist you. Please be sure to read them in their entirety:

All applicants for a City massage owner/manager permit must submit an application packet and pay their permit fee and exam fee to start the application process. The application packet is available online in the Forms section of the Police Department website located at discovercorona.com, as well as at the front counter of the police department. Once the application has been accepted, you must call to schedule a written exam. For questions concerning your application or to schedule your exam, please call (951) 736-2414.

Applicants are not allowed to open an establishment or work as a manager until their city permit has been issued.

The City of Corona does not issue temporary permits.

Applicant shall pay a **NON REFUNDABLE** permit fee to the City of Corona upon submitting the application at the time of appointment. The permit fees shall be as follows:

Massage Establishment Owner/Manager

New Application Permit (bi-annual fee):	\$190.00
Renewal Permit (bi-annual fee):	\$190.00

ALL APPLICANTS

Fingerprint processing fee (Plus Department of Justice and Federal Bureau of Investigations fees)	\$25.00
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Fingerprints are done by appointment only at the City of Corona.

FINGERPRINTS: Corona Municipal Code provides that all applicants be fingerprinted via Live Scan at the City of Corona Human Resources Department. Live Scan is provided to the public on **Wednesdays, by appointment only**. A fee of **\$25.00** will be charged, plus any Department of Justice and FBI fees. This can be paid in cash or with a personal check payable to the City of Corona. **Please call (951)736-2209 to schedule your Live Scan appointment.**

Applicants must complete the attached application in full. Applicant must take care to provide ALL requested information. If any portion is missing, the application will be returned to the applicant as incomplete and the applicant will have to re-file the application with all the requested information and a new payment of the full fee.

A permit is valid for two years and requires a new application to request renewal. This must be submitted at least sixty (60) days prior to the expiration of the current permit, to prevent a lapse in the permit.

MESSAGE PERMIT APPLICATION CHECKLIST

Please use this checklist as a guide to assist you in completing your application. Once you have checked off all the items on this list call **(951) 736-2414** to make your appointment to turn in your completed application.

ALL APPLICANTS MUST PROVIDE THE FOLLOWING:

- The Permit fee as described above for owner/manager, paid by cash or personal check made out to the City of Corona, for new application, renewal application, exam fees.
- Two (2) 2" x 2" passport photographs of the applicant taken within the last month. *Please do not turn in pictures of yourself that you cut out of larger photos. Please do not get your pictures on Polaroid type photo paper; they tend to fall apart when cut for the permit. Photos may be photocopied as long as the copies are of the same pictures that are turned in and are color copied on photo quality paper.*
- Proof that the applicant is 18 years of age or older. (Photocopy of California Driver License/I.D.)

Each applicant will obtain a copy of Corona Municipal Code 5.28.000 to be made aware of the conditions of the permit. The municipal code is available online at <http://www.discovercorona.com>. **This information will be needed to complete and successfully pass the Municipal Code section of an examination.**

Message Owner/Manager Permit Additional Requirements

- One (1) copy of building lease or rental agreement. (Notarized)
- One (1) copy of your City of Corona issued Business License
- Notarized affidavit from the owner of the property acknowledging that a massage establishment will be located on their property.
- Five (5) folded (8 ½" X 14") copies of a full size site plan drawn to scale showing the building, parking and access, as well as five (5) folded (8 ½" X 14") copies of the floor plan showing the square footage of the building area or tenant space. The areas on the floor plan shall be drawn to scale and properly labeled with the accurate square footage (example: reception area, massage treatment rooms, bathroom, utility room, etc). An operator of a massage establishment shall also comply with the city's building permit requirements in Corona Municipal Code section 5.28.070(A)(1). Please see the attached City of Corona Community Development Department Building Division "Submittal Requirements for Tenant Improvements."
- If applicant is a limited partnership, one (1) copy of the Certificate of Partnership as filed with the County Clerk. Articles of Incorporation and Statement of Officers is required if the applicant is a corporation.
- List of all employees. (Employees conducting massage shall be licensed.)
- List of all products and services to be offered to customers along with prices.

Massage Owner/Manager Examination

The Massage Owner/Manager Exam will only need to be successfully taken one time.

In the event the applicant requires that the exam be in a language other than English, the applicant must, on his/her own, make arrangements with a Court Certified Interpreter to interpret the exam. The Interpreter must be Court Certified. The applicant is responsible for any fee the Interpreter charges. For one resource to aid in finding a Court Certified Interpreter you may search the following website:

www.courts.ca.gov/programs-interpreters.htm for information.

Do not make these arrangements until you have made your appointment for your test date. **Once these arrangements have been made, you must contact the Corona Police Department at (951) 736-2414 to give notice of who your interpreter will be. This notification must be made a minimum of five days prior to your test date. Applicants may not bring any type of recording device into the building where the test is being taken; all applicants are subject to search.**

APPROVAL:

The applicant will be notified of the results of the investigation by the Corona Police Department as soon as the investigation has been completed and a determination has been made. **The investigation includes a 60 day review process (with an additional 30 days if needed) by the Chief of Police that does not commence until the application is complete. The application is not deemed complete until the criminal history is received from the Department of Justice, Federal Bureau of Investigations, and the applicant has passed the written exam. If the permit is denied, the applicant will be sent a Denial Notice. The applicant has the right to appeal to the City Manager. This right shall terminate upon the expiration of ten (10) calendar days from the date of service of the Notice. The appeal shall be personally delivered to or sent by certified mail to the office of the City Clerk.**

If you have any questions regarding the application, the application process, fees or the exam, please call the Corona Police Dept. at (951) 736-2414.

Thank you,

Michael E. Abel
Chief of Police

MESSAGE PERMIT APPLICATION

CORONA POLICE DEPARTMENT

FOR OFFICIAL USE ONLY	
TIME STAMP (RECEIVED)	CR NUMBER

- Owner/Operator Business Permit for Corporations/Partnerships
- Owner/Operator Business Permit for Sole Proprietorship
- Renewal

PART I IDENTIFYING INFORMATION

LAST NAME		FIRST		MIDDLE	
ALIAS OR MAIDEN NAMES			E-MAIL ADDRESS:		
HOME ADDRESS					
CITY		STATE	ZIP	PHONE () -	
PLACE OF BIRTH		DATE OF BIRTH	U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	RESIDENT ALIEN NUMBER	
SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	AGE	HEIGHT	WEIGHT	HAIR	EYES
DRIVER'S LICENSE NUMBER		STATE	SOCIAL SECURITY NUMBER		OTHER LICENSES HELD
EMERGENCY CONTACT: NAME			RELATIONSHIP	PHONE NUMBER	
ADDRESS					

PART II NAME OF MESSAGE ESTABLISHMENT APPLIED FOR

BUSINESS NAME			OWNER/OPERATOR'S NAME		
BUSINESS ADDRESS				CURRENTLY EMPLOYED HERE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
CITY		STATE	ZIP	BUSINESS PHONE () -	
BUSINESS NAME			OWNER/OPERATOR'S NAME		
BUSINESS ADDRESS				CURRENTLY EMPLOYED HERE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
CITY		STATE	ZIP	BUSINESS PHONE () -	
BUSINESS NAME			OWNER/OPERATOR'S NAME		
BUSINESS ADDRESS				CURRENTLY EMPLOYED HERE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
CITY		STATE	ZIP	BUSINESS PHONE () -	

PART III PRIOR ADDRESSES

List in chronological order every city or community in which you have resided in the past eight years. Attach continuation sheets if needed

FROM	ADDRESS				
TO	CITY		STATE	ZIP	
FROM	ADDRESS				
TO	CITY		STATE	ZIP	

FROM	ADDRESS		
TO	CITY	STATE	ZIP
FROM	ADDRESS		
TO	CITY	STATE	ZIP
FROM	ADDRESS		
TO	CITY	STATE	ZIP
FROM	ADDRESS		
TO	CITY	STATE	ZIP
FROM	ADDRESS		
TO	CITY	STATE	ZIP

PART IV EMPLOYMENT HISTORY

Begin with your most recent job and list your work history in chronological order. Include in sequence all part-time jobs, previous employment, and periods of unemployment. Please include all jobs within the past eight years. Attach continuation sheets if needed.

NAME OF COMPANY		JOB TITLE		SUPERVISOR'S NAME	
FROM	EMPLOYER'S ADDRESS			EMPLOYER'S PHONE NUMBER () -	
TO	CITY	STATE	ZIP		
NAME OF COMPANY		JOB TITLE		SUPERVISOR'S NAME	
FROM	EMPLOYER'S ADDRESS			EMPLOYER'S PHONE NUMBER () -	
TO	CITY	STATE	ZIP		
NAME OF COMPANY		JOB TITLE		SUPERVISOR'S NAME	
FROM	EMPLOYER'S ADDRESS			EMPLOYER'S PHONE NUMBER () -	
TO	CITY	STATE	ZIP		
NAME OF COMPANY		JOB TITLE		SUPERVISOR'S NAME	
FROM	EMPLOYER'S ADDRESS			EMPLOYER'S PHONE NUMBER () -	
TO	CITY	STATE	ZIP		
NAME OF COMPANY		JOB TITLE		SUPERVISOR'S NAME	
FROM	EMPLOYER'S ADDRESS			EMPLOYER'S PHONE NUMBER () -	
TO	CITY	STATE	ZIP		
NAME OF COMPANY		JOB TITLE		SUPERVISOR'S NAME	
FROM	EMPLOYER'S ADDRESS			EMPLOYER'S PHONE NUMBER () -	
TO	CITY	STATE	ZIP		
NAME OF COMPANY		JOB TITLE		SUPERVISOR'S NAME	
FROM	EMPLOYER'S ADDRESS			EMPLOYER'S PHONE NUMBER () -	
TO	CITY	STATE	ZIP		

PART V PERMIT HISTORY

List all licenses/permits to do business in California or elsewhere that you have previously held OR applied for:
 I have not applied for or previously held any licenses or permits in any state to conduct any type of business.

CITY		STATE	LICENSE/PERMIT TYPE	LICENSE/PERMIT NUMBER
LICENSE/PERMIT <input type="checkbox"/> ISSUED	DATE ISSUED	ISSUING AGENCY	HAS THIS LICENSE EVER BEEN <input type="checkbox"/> REVOKED <input type="checkbox"/> SUSPENDED	REVOKED DATE(S) OF SUSPENSION TO FROM
REASON		BUSINESS/OCCUPATION ENGAGED IN AFTER REVOCATION, SUSPENSION, OR DENIAL		
APPLICATION <input type="checkbox"/> DENIED	DATE OF APPLICATION	DENIED BY (ISSUING AGENCY)	REASON	
CITY	STATE	LICENSE/PERMIT TYPE	LICENSE/PERMIT NUMBER	
LICENSE/PERMIT <input type="checkbox"/> ISSUED	DATE ISSUED	ISSUING AGENCY	HAS THIS LICENSE EVER BEEN <input type="checkbox"/> REVOKED <input type="checkbox"/> SUSPENDED	REVOKED DATE(S) OF SUSPENSION TO FROM
REASON		BUSINESS/OCCUPATION ENGAGED IN AFTER REVOCATION, SUSPENSION, OR DENIAL		
APPLICATION <input type="checkbox"/> DENIED	DATE OF APPLICATION	DENIED BY (ISSUING AGENCY)	REASON	
CITY	STATE	LICENSE/PERMIT TYPE	LICENSE/PERMIT NUMBER	
LICENSE/PERMIT <input type="checkbox"/> ISSUED	DATE ISSUED	ISSUING AGENCY	HAS THIS LICENSE EVER BEEN <input type="checkbox"/> REVOKED <input type="checkbox"/> SUSPENDED	REVOKED DATE(S) OF SUSPENSION TO FROM
REASON		BUSINESS/OCCUPATION ENGAGED IN AFTER REVOCATION, SUSPENSION, OR DENIAL		
APPLICATION <input type="checkbox"/> DENIED	DATE OF APPLICATION	DENIED BY (ISSUING AGENCY)	REASON	
CITY	STATE	LICENSE/PERMIT TYPE	LICENSE/PERMIT NUMBER	
LICENSE/PERMIT <input type="checkbox"/> ISSUED	DATE ISSUED	ISSUING AGENCY	HAS THIS LICENSE EVER BEEN <input type="checkbox"/> REVOKED <input type="checkbox"/> SUSPENDED	REVOKED DATE(S) OF SUSPENSION TO FROM
REASON		BUSINESS/OCCUPATION ENGAGED IN AFTER REVOCATION, SUSPENSION, OR DENIAL		
APPLICATION <input type="checkbox"/> DENIED	DATE OF APPLICATION	DENIED BY (ISSUING AGENCY)	REASON	
CITY	STATE	LICENSE/PERMIT TYPE	LICENSE/PERMIT NUMBER	
LICENSE/PERMIT <input type="checkbox"/> ISSUED	DATE ISSUED	ISSUING AGENCY	HAS THIS LICENSE EVER BEEN <input type="checkbox"/> REVOKED <input type="checkbox"/> SUSPENDED	REVOKED DATE(S) OF SUSPENSION TO FROM
REASON		BUSINESS/OCCUPATION ENGAGED IN AFTER REVOCATION, SUSPENSION, OR DENIAL		
APPLICATION <input type="checkbox"/> DENIED	DATE OF APPLICATION	DENIED BY (ISSUING AGENCY)	REASON	
CITY	STATE	LICENSE/PERMIT TYPE	LICENSE/PERMIT NUMBER	
LICENSE/PERMIT <input type="checkbox"/> ISSUED	DATE ISSUED	ISSUING AGENCY	HAS THIS LICENSE EVER BEEN <input type="checkbox"/> REVOKED <input type="checkbox"/> SUSPENDED	REVOKED DATE(S) OF SUSPENSION TO FROM
REASON		BUSINESS/OCCUPATION ENGAGED IN AFTER REVOCATION, SUSPENSION, OR DENIAL		
APPLICATION <input type="checkbox"/> DENIED	DATE OF APPLICATION	DENIED BY (ISSUING AGENCY)	REASON	

PART VI CRIMINAL RECORD

Please refer to the attachment of City of Corona Municipal Code Sections 5.28.035 (A)(6), 5.28.040 (A)(1), 5.28.055 (A)(2), and 5.28.060 (A)(1) for reporting requirements if you have been arrested, booked by a law enforcement official, held for investigation, indicted by a grand jury, appeared in court, and/or convicted for any of the listed crimes within the past eight years.

ORIGINAL ARREST CHARGE (CRIME)	ARRESTING AGENCY	Report Number	DATE OF VIOLATION
DISPOSITION OF CHARGE	FINAL CHARGE	Report Number	DATE OF DISPOSITION
ORIGINAL ARREST CHARGE (CRIME)	ARRESTING AGENCY	Report Number	DATE OF VIOLATION
DISPOSITION OF CHARGE	FINAL CHARGE	Report Number	DATE OF DISPOSITION
ORIGINAL ARREST CHARGE (CRIME)	ARRESTING AGENCY	Report Number	DATE OF VIOLATION
DISPOSITION OF CHARGE	FINAL CHARGE	Report Number	DATE OF DISPOSITION
ORIGINAL ARREST CHARGE (CRIME)	ARRESTING AGENCY	Report Number	DATE OF VIOLATION
DISPOSITION OF CHARGE	FINAL CHARGE	Report Number	DATE OF DISPOSITION

PART VII ESTABLISHMENT BUSINESS PERMIT APPLICATION

TYPE OF BUSINESS ORGANIZATION				
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> GENERAL PARTNERSHIP	<input type="checkbox"/> LIMITED PARTNERSHIP	<input type="checkbox"/> SOLE PROPRIETORSHIP	<input type="checkbox"/> OTHER:

SOLE PROPRIETORSHIPS ONLY

You, the applicant, must be the Sole Proprietor to submit this application

NAME OF BUSINESS AS APPEARS ON FICTITIOUS NAME STATEMENT
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CORPORATION ONLY

NAME OF CORPORATION (AS SHOWN IN ARTICLE OF INCORPORATION)		
STATE OF INCORPORATION	CORPORATION NUMBER	DATE OF INCORPORATION

GENERAL/LIMITED PARTNERSHIPS ONLY

NAME OF BUSINESS AS APPEARS ON FICTITIOUS NAME STATEMENT
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CORPORATIONS OR PARTNERSHIPS

CORPORATIONS: Include the following information for each Officer and Director, and for each person who has a financial interest in the corporation amounting to more than twenty-five percent (25%) of the authorized and issued shares.

PARTNERSHIPS: Include the following information for each partner, including limited partners.

LAST NAME	FIRST NAME	MIDDLE NAME
<input type="checkbox"/> ALIAS NAME <input type="checkbox"/> MAIDEN NAME		DATE OF BIRTH
CALIFORNIA DRIVER'S LICENSE /CALIFORNIA ID NUMBER	SOCIAL SECURITY NUMBER	<input type="checkbox"/> RESPONSIBLE MANAGING OFFICER <i>(One Per Business)</i> <input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> STOCKHOLDER
RESIDENCE ADDRESS		
CITY	STATE	ZIP
PHONE () -		
BUSINESS ADDRESS <i>(If different from address listed above)</i>		
CITY	STATE	ZIP
PHONE () -		
LAST NAME	FIRST NAME	MIDDLE NAME
<input type="checkbox"/> ALIAS NAME <input type="checkbox"/> MAIDEN NAME		DATE OF BIRTH
CALIFORNIA DRIVER'S LICENSE /CALIFORNIA ID NUMBER	SOCIAL SECURITY NUMBER	<input type="checkbox"/> RESPONSIBLE MANAGING OFFICER <i>(One Per Business)</i> <input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> STOCKHOLDER
RESIDENCE ADDRESS		
CITY	STATE	ZIP
PHONE () -		
BUSINESS ADDRESS <i>(If different from address listed above)</i>		
CITY	STATE	ZIP
PHONE () -		
LAST NAME	FIRST NAME	MIDDLE NAME
<input type="checkbox"/> ALIAS NAME <input type="checkbox"/> MAIDEN NAME		DATE OF BIRTH
CALIFORNIA DRIVER'S LICENSE /CALIFORNIA ID NUMBER	SOCIAL SECURITY NUMBER	<input type="checkbox"/> RESPONSIBLE MANAGING OFFICER <i>(One Per Business)</i> <input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> STOCKHOLDER
RESIDENCE ADDRESS		
CITY	STATE	ZIP
PHONE () -		
BUSINESS ADDRESS <i>(If different from address listed above)</i>		
CITY	STATE	ZIP
PHONE () -		

LAST NAME		FIRST NAME		MIDDLE NAME	
<input type="checkbox"/> ALIAS NAME <input type="checkbox"/> MAIDEN NAME				DATE OF BIRTH	
CALIFORNIA DRIVER'S LICENSE /CALIFORNIA ID NUMBER		SOCIAL SECURITY NUMBER		<input type="checkbox"/> RESPONSIBLE MANAGING OFFICER (<i>One Per Business</i>) <input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> STOCKHOLDER	
RESIDENCE ADDRESS					
CITY		STATE	ZIP	PHONE () -	
BUSINESS ADDRESS (<i>If different from address listed above</i>)					
CITY		STATE	ZIP	PHONE () -	

Have any officers, Directors, Stockholders holding twenty-five percent (25%) or more of the stock in the corporation, or any Partners or limited Partners of the Partnership been convicted of any of the following Penal Code Sections? 314; 315; 316; 318; 647a; 647b, 647d; 647h; or any other crime which requires registration under California Penal Code Section 290, within five (5) years prior to the date of this application? YES NO If yes, describe who, types of offense, city and state of offense, and date of offense.

NAME	TYPE OF OFFENSE
CITY/STATE OF OFFENSE	DATE OF OFFENSE
NAME	TYPE OF OFFENSE
CITY/STATE OF OFFENSE	DATE OF OFFENSE
NAME	TYPE OF OFFENSE
CITY/STATE OF OFFENSE	DATE OF OFFENSE
NAME	TYPE OF OFFENSE
CITY/STATE OF OFFENSE	DATE OF OFFENSE

Name and Address of owner and lessor of the Real Property where the business is to be conducted. If applicant is not legal owner, a copy of the lease and a notarized acknowledgment from the owner that a massage establishment will be located on his/her property.

NAME	ADDRESS	
CITY	STATE	ZIP

Describe all products and services to be provided to customers of the business

List hours of operation

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
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State the full, true names, phone number and residence addresses of all persons employed, or intended to be employed, as practitioners.

NAME		PHONE () -	
ADDRESS	CITY	STATE	ZIP
NAME		PHONE () -	
ADDRESS	CITY	STATE	ZIP
NAME		PHONE () -	
ADDRESS	CITY	STATE	ZIP
NAME		PHONE () -	
ADDRESS	CITY	STATE	ZIP
NAME		PHONE () -	
ADDRESS	CITY	STATE	ZIP

Does the applicant have an agreement, written or oral, with any person for the provision of management consulting services?
 YES NO If yes, for each person who is to perform such services, state the following information.

NAME (LAST, FIRST, MI)		DATE OF BIRTH	
ADDRESS	CITY	STATE	ZIP
NAME (LAST, FIRST, MI)		DATE OF BIRTH	
ADDRESS	CITY	STATE	ZIP
NAME (LAST, FIRST, MI)		DATE OF BIRTH	
ADDRESS	CITY	STATE	ZIP
NAME (LAST, FIRST, MI)		DATE OF BIRTH	
ADDRESS	CITY	STATE	ZIP
NAME (LAST, FIRST, MI)		DATE OF BIRTH	
ADDRESS	CITY	STATE	ZIP
NAME (LAST, FIRST, MI)		DATE OF BIRTH	
ADDRESS	CITY	STATE	ZIP

Will your business be conducted from the same location as you reside?
 YES NO If yes, list all persons residing full-time or part-time at your residence.
 YES NO I intend to operate off-premises, outside of the location I have listed as the business address.

NAME (LAST, FIRST, MI)	RELATIONSHIP	DATE OF BIRTH
NAME (LAST, FIRST, MI)	RELATIONSHIP	DATE OF BIRTH
NAME (LAST, FIRST, MI)	RELATIONSHIP	DATE OF BIRTH
NAME (LAST, FIRST, MI)	RELATIONSHIP	DATE OF BIRTH

PART VIII CERTIFICATION

I hereby certify, under the penalty of perjury, that the information given is true and correct. I understand that providing false information or withholding information, including any criminal record, is grounds for denial or revocation of my permit, and may subject me to criminal prosecution. I do hereby authorize the City of Corona, its agents and employees to seek verification of the information contained on this application. I further understand that I may not conduct the activity applied for until a permit has been granted. I have received a copy and understand the Business Licenses and Regulations, Chapter 5.28, Massage Establishments, per the Corona Municipal Code.

SIGNATURE

DATE