



CITY OF HIGHLAND

MASSAGE ESTABLISHMENT BUSINESS LICENSE APPLICATION CHECKLIST

	1st Year	Renewal
_____ INITIAL INVESTIGATION APPLICATION FEE	\$380	\$0
_____ FIXED APPLICATION FEE (RENEWAL)	\$0	\$310
_____ BUILDING PERMIT/CERTIFICATE OF OCCUPANCY	\$175	\$0
_____ FIRE PERMIT	\$140	\$140
_____ LIVE SCAN	\$34	\$34
_____ AB 1379	\$4	\$4
TOTAL FEES DUE:	\$733	\$488

To expedite the licensing process, please make sure that the following items are attached, if applicable. Missing items may delay this process. Please allow 3-4 weeks to process this application, once all information is received.

- _____ Copy of Lease or Sub-Lease Agreement or Escrow Papers **(Required)**
- _____ Two (2) current photos (2" x 2") **(Required)**
- _____ Copy of Health Permit 385 N Arrowhead Ave. San Bernardino, CA (909) 387-4323. MUST HAVE Health Permit if business is any of the following: Restaurant/prepackaged food stores/wholesale food manufacturers and distributors/mobile food facilities/commissaries/vending machines/massage clinics/tattooing, body piercing, and permanent cosmetics clinics/apartments/camps/small water systems/liquid waste haulers/medical waste generators/certified farmers markets-**(Required)**
- _____ Establishment License **(Required)**
- _____ Live Scan- owner must apply for Live Scan Fingerprints. *Call Highland Police Department to schedule appointment **(Required)**
- _____ Conditional Use Permit **(Only applies to new application not renewals)**-Massage Parlors are considered adult oriented businesses and require a site approval (Conditional use Permit) which is available through the Planning Department. **(Required)**
- _____ Copy of Resale or Wholesale permit. You may need to obtain a seller's permit if you are engaged in business in California and sell merchandise that is subject to sales or use tax. Call the California Department of Tax and Fee Administration at (800) 400-7115 or visit www.cdtfa.ca.gov to inquire about applying for your permit.
- _____ Copy of WDID Receipt Letter
- _____ Articles of Incorporation or Articles of Organization (if Corp or LLC is checked)
- _____ Copy of Fictitious Business Name- 222 W. Hospitality Lane- San Bernardino (Any business name that does not include the last name (surname) of the owner, or which implies additional owners such as "Company" or "and Son's")

Office Use Only

- _____ Verify all applicable fields are filled out and legible and enter all applicable fields
- _____ Verify Fictitious Business Name Statement Requirement
- _____ Verify Owner on Lease Agreement is listed as an Owner of property on Gov Clarity
- _____ Verify Health Permit. No exception on Massage Parlor
- _____ Verify you have two (2) current photos
- _____ Verify CUP has been obtained with Planning (New Applications only not on Establishments renewing)
- _____ Copy entire application and send original to Police Department for Approval they will send back when approved.
- _____ Once all departments have approved change status to Active/Issued and send out license in the mail



BL#	
Routed	

CITY OF HIGHLAND MASSAGE ESTABLISHMENT APPLICATION

Massage Parlor Information

Name: _____

Address: _____

Mailing Address: _____

Phone and Email: _____

Resale Permit #: _____ Health Permit #: _____

Sign here to certify not subject to Resale Permit: _____ Sign here to certify not subject to Health Permit: _____

Owner Information (Need this Section filled out for each owner)

Please list names of principal officers if a corporation or partnership:

Owner Name: _____

Owner Address: _____

Owner Phone #: _____

Nickname or alias used: _____

Please list two most recent previous addresses and dates resided:

Previous Address: _____

Previous Address: _____

Occupational History:

List occupation, business or employment, including addresses for the past three (3) years

Dates Employed: _____

Name of Business: _____

Address of Business: _____

Phone # of Business: _____

Personal Information

Date of Birth: _____ Weight: _____

Hair Color: _____ Height _____

Eye Color: _____

Prior License History:

List all massage licenses or similar business licenses that are currently or previously held. Please include licenses for other cities and the dates these licenses cover.

Revocations: List all revocations or suspensions of massage or similar business licenses. Please include the reason for revocation or suspension.

Criminal Convictions:

List all criminal convictions, including offense, date and sentence *Omit traffic and parking offenses

Are you required to register as a sex offender under Penal Code Section 290?

Yes _____ No _____

If yes, give details:

Note: Fraud or deceit in being licensed is sufficient cause for denial or revocation of license

The applicant shall pay to The City of Highland a nonrefundable investigation fee. The undersigned, being duly sworn, deposes and says that he or she is the applicant in the foregoing and that the statements and answers contained herein are true and correct to the best of this or her knowledge and belief; that he or she will abide by all the laws of The City of Highland, County of San Bernardino, and belief; that he or she will abide by all the laws of The City of Highland, County of San Bernardino, and The State of California.

Applicant Signature

Date

HIGHLAND POLICE DEPARTMENT NOTES:

I have investigated this application pursuant to The City of Highland Ordinance No. 153.

_____ All requirements of Ordinance No. 153 and other applicable laws **have** been met with regards to this application.

_____ All requirements of Ordinance No. 153 or other applicable laws **have not** been met in the following respects:

Detective Signature: