



CITY OF SANTA BARBARA

PERMIT APPLICATION PROCESS

MASSAGE ESTABLISHMENT

Permit #:

PD Received Date:

Name of Applicant: _____

Name of Business: _____

Steps Completed with Finance	Complete full application and remit via email to AccountsReceivable@SantaBarbaraCA.gov Full Application must include the following:	Date completed & City Agent's Initials
Step 1	Request a Massage Establishment application package. It will contain: <ul style="list-style-type: none"> <input type="checkbox"/> Application for City Permit form. <input type="checkbox"/> Authorization to Release Information form. <input type="checkbox"/> Massage Establishment Information Sheet for your records. <input type="checkbox"/> Letter of Acknowledgement from Landlord, if applicable. <input type="checkbox"/> Instructions for Drawings sheet (Site Plan and Floor Plan). <input type="checkbox"/> Proposed Permit Use Clearance forms. <input type="checkbox"/> Santa Barbara Municipal Code (SBMC), Chapter 5.76, Baths, Sauna Baths, Massage Parlors and Similar Businesses. <input type="checkbox"/> Live Scan Form 	
Step 2	Complete all forms. Acquire two (2) color, passport-size photographs and a photocopy (front and back) of your driver's license. Retain the copy of SBMC, Chapter 5.76 and the Information Sheet for reference. <p>In completing the forms, you will notice approvals are needed from several City departments. The first approval must be obtained from Community Development.</p>	
At Community Development 630 Garden St	For lobby hours call (805) 564-5470 or visit santabarbara.gov for more information.	
Step 3	Schedule appointments and receive permit application instructions by visiting santabarbaraca.gov/services/construction-land-development . Fees are billed based on the staff time allocated to review submittal.	
	After review, Building and Safety may request corrections via a Review Correction Letter. Make corrections as directed.	
	After corrections have been made and all reviews approved, Community Development staff will sign the bottom portion of your Proposed Permit Use Clearance Forms. This concludes the Community Development portion of the process. Submit your application to the Finance Department via email at AccountsReceivable@santabarbaraca.gov .	

Steps Completed with Finance		Date completed and City Agent's Initials
Step 4	Email completed application to AccountsReceivable@santabarbaraca.gov . When received, you will be assigned an appointment date to pay in person. You must bring the following to your appointment: <ul style="list-style-type: none"> • Two (2) color, passport-size photographs (for each applicant). • A photocopy (front and back) of your driver's license. 	
Step 5	Pay permit fee \$25.00 (Finance Code 0430)	
At Home		
Step 6	Set-up a Live Scan appointment with an authorized fingerprinting agency. See list provided in packet.	

If you have any questions regarding your application status, you may contact the Police Technician via email: permits@sbpd.com or call (805) 897-2333.

POLICE DEPARTMENT USE ONLY

To be completed by Police Technician:

- Local records check on applicant - Warrants, Versaterm, D.M.V. Date: _____
- Live Scan results reviewed from D.O.J. Date: _____ DOJ Delay Date/Reason: _____
- Site inspection of establishment completed by: _____ Date: _____

Police Technician's recommendations on the issuance of the permit to the applicant:

CHIEF OF POLICE or DESIGNEE:

Approval of permit application: _____ Date: _____

Disapproval of permit application: _____ Date: _____



CITY OF SANTA BARBARA

APPLICATION FOR CITY PERMIT

TYPE: MESSAGE ESTABLISHMENT

Permit #:

*Santa Barbara Municipal Code,
Chapter 5.76*

Please complete the following:

Proposed Location:

Name: Date of Application:

Are you also applying for a Massage Technician's Permit at this time: Yes No

Residence Address (include street, city, and zip code):

Mailing Address, if different (include street, city, and zip code):

Phone Number: Social Security No:

California Driver's License No. (submit photocopy) Date of Birth:

Place of Birth:

Color of Hair: Color of Eyes: Email:

Length of time in Santa Barbara: YRS MO Length of time in California: YRS MO

List the full address for your places of residence over the past five years, starting with the most recent. After the address, show the dates (month and year) at each residence.

1. _____
_____ (from _____ to _____)

2. _____
_____ (from _____ to _____)

3. _____
_____ (from _____ to _____)

4. _____
_____ (from _____ to _____)

5. _____
_____ (from _____ to _____)

List your last five places of employment. Start with your current or most recent employer. List by business name, address, business phone number, and dates (month and year) of employment.

1. _____
_____ (from _____ to _____)
2. _____
_____ (from _____ to _____)
3. _____
_____ (from _____ to _____)
4. _____
_____ (from _____ to _____)
5. _____
_____ (from _____ to _____)

Proposed Business Name: _____

List similar permits presently or previously issued in another city or state. List by permit title, city and state of issuance.

Arrest History: If you have had any arrests, list all of them. Use an additional sheet if necessary. Give the date (approximate), place (city and state), and the reason for the arrest.

Date:	Place (city and state):	Reason:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature below indicates the applicant understands that if any information requested on this form is misrepresented, it may be grounds for denial of this permit application.

Signature

Date



CITY OF SANTA BARBARA

**AUTHORIZATION TO RELEASE INFORMATION
TO THE
CITY OF SANTA BARBARA, POLICE DEPARTMENT**

(Pursuant to Santa Barbara Municipal Code, Chapter 5.29)

As an applicant for a City permit within the City of Santa Barbara, I hereby authorize the release of any and all information that you may have concerning my work records education records, medical records, and information of a confidential or privileged nature to the City of Santa Barbara Police Department and its agents.

I hereby release you, your organization, or others, from any liability or damage, which may result from furnishing the information requested.

Printed (*Permit Applicant's Name*)

Signature (*Permit Applicant*)

Date

Letter of Acknowledgement from Landlord

TO: City of Santa Barbara

SUBJECT: Owner Acknowledgement and Permission to Use Property as a
Massage Establishment in the City of Santa Barbara

LOCATION OF PROPERTY: _____

OWNER OF RECORD: _____

Owner acknowledges that above referenced property, to be rented or leased by

_____ *doing business as* _____

_____ *will be used as a massage*

establishment open to the general public.

Signed

Date

Print Name and Title (Owner/Agent)

Telephone Number

Mailing address if different from owner address shown above:

Massage Establishment

Information Sheet

Excerpts from Santa Barbara Municipal Code, Chapter 5.76.060:

No permit to conduct a massage establishment shall be issued unless an inspection by the City of Santa Barbara reveals that the establishment complies with each of the following minimum requirements:

(a) A recognizable and readable sign shall be posted at the main entrance identifying the establishment as a massage establishment, provided, that all such signs shall comply with the sign requirements of the City of Santa Barbara.

(b) No person shall give, or assist in the giving, of any massage to any other person under the age of eighteen (18) years, unless the parent or guardian of such minor person has consent thereto in writing.

(c) Minimum lighting shall be provided in accordance with the Uniform Building Code, and, in addition, at least one (1) artificial light of not less than forty (40) watts shall be provided in each enclosed room or booth where massage services are being performed on a patron.

(d) Minimum ventilation shall be provided in accordance with the Uniform Building Code.

(e) Adequate equipment for disinfecting and sterilizing instruments used in performing the acts of massage shall be provided.

(f) Hot and cold running water shall be provided at all times.

(g) Closed cabinets shall be provided which cabinets shall be utilized for the storage of clean linen.

(h) In any establishment in which massage services are rendered only to members of the same sex at any one time, such persons of the same sex may be placed in a single separate room or the operators of the massage establishment may elect to place such persons of the same sex in separate enclosed rooms or booths having adequate ventilation to an area outside said room or booth while massage services are being performed.

(i) Adequate bathing, dressing, locker, and toilet facilities shall be provided for patrons. A minimum of one (1) tub or shower, one (1) dressing room containing a separate locker for each patron to be served, which locker shall be capable of being locked, as well as a minimum of one (1) toilet and one (1) wash basin shall be provided by every massage establishment, provided, however, that if male and female patrons are to be served simultaneously at the establishment, separate bathing, a separate massage room or rooms, separate dressing and separate toilet facilities shall be provided for male and for female dispensers.

(j) A separate wash basin shall be provided for each portion of a massage parlor wherein massage services are performed for the individual use of each person performing massage services. Such basin shall be provided with soap and hot and cold running water at all times and shall be located within, or as close as practicable, to the area devoted to the performing of massage services. In addition, there shall be provided at each wash basin, sanitary towels placed in permanently installed dispensers.

(k) All walls, ceilings, floors, pools, showers, bathtubs, steam rooms, and all other physical facilities for the establishment must be in good repair and maintained in a clean and sanitary condition. Wet and dry heat rooms, steam or vapor rooms, or steam or vapor cabinets, shower compartments, and toilet rooms shall be thoroughly cleaned each day the business is in operation. Bathtubs shall be thoroughly cleaned after each use.

(l) Clean and sanitary towels and linens shall be provided for each patron of the establishment or each patron receiving massage services. No common use of towels or linens shall be permitted.



CITY OF SANTA BARBARA

INSTRUCTIONS FOR DRAWINGS

for submission to

COMMUNITY DEVELOPMENT DEPARTMENT
Building and Safety Division
630 Garden Street

1. Site Plan with the following information and drawn in 1/8 or 1/4 inch scale:

- a. Lot size.
- b. All structures with building dimensions.
- c. Show exits from subject structure and path of travel to the public way.
- d. Number of existing parking spaces.
- e. Indicate location and height of all walls and fences.
- f. Any bicycle parking locations that serve the proposed site.

2. Floor Plan with the following information and drawn in 1/8 or 1/4 inch scale: (You may also use an existing architectural floor plan of the building.)

- a. Identify size in square feet and use of all rooms/areas.
- b. Calculate the occupant loads (using California Building Code) for egress and minimum plumbing fixture requirements.
- c. Provide location and type of existing and proposed exit signs and illumination.

Any establishments with occupant loads in excess of 50 persons shall be equipped with internal or external illumination or self-luminous type exit signs.



CITY OF SANTA BARBARA

PROPOSED PERMIT USE CLEARANCE FORM

Community Development Department
630 Garden Street

Building and Safety Division
Business hours 8:30 a.m. to 12:00 noon and 1:00 p.m. to 4:30 p.m.
Monday through Friday, except holidays
Phone: 564-5485

Please present this completed form at the above address:

Date of Application: _____

Type of Permit applied for: _____

Applicant's Name: _____

The person named above is applying to the City for a permit to conduct a business that requires Building and Safety Division approval. Please review to determine the proposed or current site meets requirements for this type of business.

Business Address: _____

Name of Business: _____

Type of Business: _____

Contact phone number: Residential _____
Business _____
Other _____

New permit Renewal of permit) New address for business Existing address for business

Building Type: _____ Building Permit Required: _____

Certificate of Occupancy Required: _____ Occupancy Group: _____

To be completed by Community Development
Department:

PERMIT USE
APPROVED

**BUILDING
OFFICIAL**

PERMIT USE NOT
APPROVED

Signature

Date

COMMENTS: _____



CITY OF SANTA BARBARA

PROPOSED PERMIT USE CLEARANCE FORM

Fire Prevention Office - 925 Chapala St
Fire Department Fire Inspection
 Business hours are 8:00 a.m. - 5:00 p.m.
 Monday through Friday, except holidays
 Call: (805) 564-5702 or
 Email: FireInspectors@SantaBarbaraCA.gov
 for appointments.

Please present this completed form at the above address:

Date of Application: _____

Type of Permit applied for: _____

Applicant's Name: _____

The person named above is applying to the City for a permit to conduct a business that requires Fire Department approval. Please review to determine the proposed or current site meets requirements for this type of business.

Business Address: _____

Name of Business: _____

Type of Business: _____

Contact phone number: Residential _____
 Business _____
 Other _____

() New permit () Renewal of permit () New address for business () Existing address for business

To be completed by Fire Department:	FIRE INSPECTION
<input type="checkbox"/> PERMIT USE APPROVED	<input type="checkbox"/> PERMIT USE NOT APPROVED
_____ <i>Signature</i>	_____ <i>Date</i>
APPROVED OCCUPANT LOAD: _____	
COMMENTS: _____	



CITY OF SANTA BARBARA

PROPOSED PERMIT USE CLEARANCE FORM

**Community Development Department
630 Garden Street**

**Planning Division
Business hours 8:30 a.m. to 12:00 noon and 1:00 p.m. to 4:30 p.m.
Monday through Friday, except holidays
Phone: 564-5470**

Please present this completed form at the above address:

Date of Application: _____

Type of Permit applied for: _____

Applicant's Name: _____

The person named above is applying to the City for a permit to conduct a business that requires Planning/Zoning Division approval. Please review to determine the proposed or current site meets requirements for this type of business.

Business Address: _____

Name of Business: _____

Type of Business: _____

Contact phone number: *Residential* _____

Business _____

Other _____

() *New permit* () *Renewal of permit* () *New address for business* () *Existing address for business*

Land Use Zone:

To be completed by Community Development Department:

ZONING OFFICIAL

PERMIT USE APPROVED

PERMIT USE NOT APPROVED

Signature

Date

COMMENTS: _____



CITY OF SANTA BARBARA

PROPOSED PERMIT USE CLEARANCE FORM

**Community Development Department
630 Garden Street**

**Public Works Department
Business hours 8:30 a.m. to 12:00 noon and 1:00 p.m. to 4:30 p.m.
Monday through Friday, except holidays
Phone: 564-5485**

Please present this completed form at the above address:

Date of Application: _____

Type of Permit applied for: _____

Applicant's Name: _____

The person named above is applying to the City for a permit to conduct a business that requires Building and Safety Division approval. Please review to determine the proposed or current site meets requirements for this type of business.

Business Address: _____

Name of Business: _____

Type of Business: _____

Contact phone number: *Residential* _____
 Business _____

Other _____

() New permit () Renewal of permit () New address for business () Existing address for b

Building Type: _____ **Building Permit Required:** _____

Certificate of Occupancy Required: _____ **Occupancy Group:** _____

**To be completed by Public Works
Department:**

PERMIT USE APPROVED

**PUBLIC WORKS
OFFICIAL**

PERMIT USE NOT APPROVED

Signature

Date

COMMENTS: _____

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: _____ Type of Application: _____
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: _____
(Please print) Last First MI
 Alias: _____ Driver's License No: _____
Last First
 Date of Birth: _____ Sex: Male Female Misc. No. BIL - _____
Agency Billing Number
 Height: _____ Weight: _____ Misc. Number: _____
 Home Address: _____
 Eye Color: _____ Hair Color: _____
Street No. Street or PO Box
 Place of Birth: _____
City, State and Zip Code
 Social Security Number: _____

Your Number: _____
OCA No. (Agency Identifying No.) Level of Service: DOJ FBI
 If resubmission, list Original ATI
 Number: _____

Employer: (Additional response for agencies specified by statute)

 Employer Name

Street No. Street or PO Box Mail Code (five digit code assigned by DOJ)

City State Zip Code ()
Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____
Name of Operator Date

Transmitting Agency ATI No. Amount Collected/Billed

Fingerprinting Locations Near Santa Barbara

<u>Location: Santa Barbara</u>	<u>Address</u>	<u>Telephone</u>	<u>Website</u>	<u>Information</u>
Live Scan Santa Barbara	411 E Canon Perdido St #15, Santa Barbara, CA 93101	(805) 525-6800	https://livescansantabarbara.com/	Call or schedule appointment online
City of Santa Barbara, Human Resources	735 Anacapa St, Santa Barbara, CA 93101	(805) 564-5316	https://santabarbaraca.gov/	Call for appointment
City of Santa Barbara, Police	215 E Figueroa St, Santa Barbara, CA 93102	(805) 897-2355	https://santabarbaraca.gov/	Call for appointment
A1 Fingerprinting Plus	3950 Via Real Ste 62, Santa Barbara, CA 93013	(805) 452-9838	http://www.a1fingerprintingplus.com/	Call for appointment
Multiservice Santa Barbara, LLC	621 W Micheltorena St, Santa Barbara, CA 93101	(805) 729-7571	https://www.multiservicesb.com/	Call for appointment
Being & Doing, LLC	510 Castillo St #201, Santa Barbara, CA 93101	(760) 235-9062		Call for appointment
<u>Location: Goleta</u>	<u>Address</u>	<u>Telephone</u>	<u>Website</u>	<u>Information</u>
Santa Barbara County Sheriff's Office	4434 Calle Real, Santa Barbara, CA 93110	(805) 681-4357	www.sbsheriff.org/home/fingerprinting	Call or schedule appointment online
Santa Barbara Corporate Services	5142 Hollister Ave, Santa Barbara, CA 93111	(805) 450-0081	https://sbcorporateservices.com/	Call or schedule appointment online
Lori's Mobile Notary & Fingerprinting	4390 Calle Real #A, Santa Barbara, CA 93110	(805) 683-6350	https://www.lorismobilenotary.com/	Call or schedule appointment online
<u>Location: Buellton</u>	<u>Address</u>	<u>Telephone</u>	<u>Website</u>	<u>Information</u>
Skunk Bear Laserworks	900 McMurray Rd Ste 2, Buellton, CA 93427	(800) 765-4493	https://sblaserworks.com/	Call for appointment
<u>Location: Ventura</u>	<u>Address</u>	<u>Telephone</u>	<u>Website</u>	<u>Information</u>
Jag Bookkeepong Inc.	1767 Goodyear Ave Ste 104, Ventura, CA 93003	(805) 826-3231	https://jag-bookkeeping.com/	Call for appointment
<u>Location: Santa Maria</u>	<u>Address</u>	<u>Telephone</u>	<u>Website</u>	<u>Information</u>
Santa Barbara County Sheriff's Office	812-A West Foster Rd, Santa Maria, CA 93455	(805) 934-6175	www.sbsheriff.org/home/fingerprinting	Call or schedule appointment online
Centro de Latino Services	313 E Plaza Dr Ste B15, Santa Maria, CA 93454	(805) 614-7595	https://www.centro4latinos.com/	Call or schedule appointment online
Local Copies Etc. Inc.	1500 S Broadway, Santa Maria, CA 93454	(805) 928-5776	https://localcopies.com/	Call for appointment
Santa Maria Police Department	1111 W Betteravia Rd, Santa Maria, CA 93455	(805) 928-3781	https://www.cityofsantamaria.org/	Call for appointment
<u>Location: Lompoc</u>	<u>Address</u>	<u>Telephone</u>	<u>Website</u>	<u>Information</u>
Lompoc Police Department	107 Civic Center Plaza, Lompoc, CA 93436	(805) 736-2341	https://www.cityoflompoc.com/	Call for appointment
Box Shop	740 N. H St, Lompoc, CA 93436	(805) 735-1567	https://www.boxshoplompoc.com/	Call for appointment
Lee Mobile Live Scan and Notary Services		(805) 291-1206	https://www.805mobilelivescan.com/	Call for appointment
<u>Location: Carpinteria</u>	<u>Address</u>	<u>Telephone</u>	<u>Website</u>	<u>Information</u>
Reliant Notary Services	4915 Carpinteria Ave Ste G, Carpinteria, CA 93013	(805) 220-6999	https://reliantnotaryservices.com/	Call for appointment

Disclaimer:

Information listed does not include all fingerprinting agencies in the area. All information is gathered for your convenience, but we strongly recommend doing your own research. Please contact the live scan provider for information on operating hours, fees, and location information. Please note that agencies may collect additional rolling fees or other provider fees. Fees may differ between providers. All applicants must present current and valid photo identification to the live scan operator.