



## **TREASURER AND TAX COLLECTOR**

**Donna Riley**  
Treasurer and Tax Collector

PO Box 859, Modesto, CA 95353  
1010 10<sup>th</sup> Street, Ste 2500, Modesto, CA 95354  
Phone: 209-525-6388 Fax: 209-525-4347

### **INFORMATION SHEET FOR LICENSING OF A MASSAGE ESTABLISHMENT OR SCHOOL OF MASSAGE UNDER STANISLAUS COUNTY ORDINANCE 6.36**

1. Business License Applications are available on-line and from the Treasurer-Tax Collector's office.
2. Title 6, Chapter 6.36, of the Ordinance Code of Stanislaus County is available on-line at [http://qcode.us/codes/stanislauscounty/view.php?topic=6-6\\_36](http://qcode.us/codes/stanislauscounty/view.php?topic=6-6_36)
3. Permit fees will be paid when the applicant takes out the application, and validation stamp will be noted at that time on your application. There is a non-refundable application fee of \$205.00 due at the time your application is submitted.
4. Applicants are required to have their fingerprints taken. This may be arranged by calling the Sheriff's Identification Bureau, (209) 525-7933. This shall be done prior to the filing of the completed application. You must take your completed application, proof of age, and two photographs with you to the Sheriff's Office.
5. The certificate from your physician on the form supplied by the Treasurer-Tax Collector, page 9 of this application, shall be submitted by the physician directly to the Stanislaus County Health Services Agency, Communicable Disease Division. The Stanislaus County Health Services Agency, Communicable Disease Division is located at 820 Scenic Drive, Modesto. For further information please call (209) 525-7341. Employees not engaging in the practice of massage as a masseuse, masseur, instructor or trainee, are not required to fill out a medical form.
6. Schools of massage and massage establishments are allowed in C-1, C-2, and M Zones. They are also allowed by Conditional Use Permits in the H-1 Zone. Applications for Conditional Use Permits shall be obtained from the Stanislaus County Planning Department. The owner or operator of a school of massage or massage establishment may wish to apply for the Conditional Use Permit (if required) prior to applying for a permit to operate the school or establishment. The sequence of these applications is at the option of the applicant.
7. The letter required by the trainee applicant as per Section 6.36.150 of the Ordinance Code of Stanislaus County must be submitted with the application.
8. If additional space is needed to complete any of the items on the application, please attach a separate sheet of paper. Please note on the application that you have done so and specify on the additional sheet which questions you are answering.
9. After you have completed your application and have been fingerprinted, return it and required supportive documents to the Treasurer-Tax Collector's Office. The address is 1010 Tenth St, Ste 2500, Modesto, CA 95354
10. Filing fees for Massage permits are in addition to any required business license or building permit fees.
11. Information other than on your application may be required by various Stanislaus County Departments. In these cases, submit the additional information requested to the departments requesting the information.
12. Schools of massage and massage establishments are required to have their facilities inspected prior to approval of their application. An inspection may be arranged by calling the Chief Building Inspector at (209) 525-6330. The Chief Building Inspector will notify the other departments involved and arrange a date and time convenient to all parties involved. Inspections will be made only after the application is filed and fees are paid.

**INFORMATION SHEET FOR LICENSING OF A MASSAGE ESTABLISHMENT OR SCHOOL OF  
MASSAGE UNDER STANISLAUS COUNTY ORDINANCE 6.36 (continued)**

13. The Treasurer-Tax Collector will notify the applicant when his or her application is approved, and a permit may be issued.
14. After approval, the applicant may obtain the permit and ID card at the Sheriff's Department, Identification Division.
15. The following sheets explain the various penal code sections that are mentioned in the application and ordinance.
16. A non-refundable filing fee of \$205.00 must be paid before processing of application.



**TREASURER AND TAX COLLECTOR**

**Donna Riley**  
Treasurer and Tax Collector

PO Box 859, Modesto, CA 95353  
1010 10<sup>th</sup> Street, Ste 2500, Modesto, CA 95354  
Phone: 209-525-6388 Fax: 209-525-4347

**APPLICATION TO LICENSE A MASSAGE ESTABLISHMENT OR MASSAGE SCHOOL**  
**UNDER STANISLAUS COUNTY ORDINANCE 6.36**

I hereby submit my application, attached hereto and made a part hereof by reference, for a Massage Establishment Permit under the Massage Establishment and School of Massage Ordinance.

Name of Applicant:
Address of Applicant:
Phone Number:
Applicant Email:

Name of Proprietor of Massage Establishment or School:
Business Name:
Business License Number:
Business Address:
Business Phone Number:
Business Email:

If you need additional space to answer any of the following questions, please attach a separate piece of paper and write the number of the questions next to the answer.

**PERSONAL HISTORY**

1. List all aliases you have used and include the period you used them.

Alias	From	To

2. If you have not lived at your current address for 3 or more years, list your previous address for the past 3 years.

Address	From	To

### 3. Personal Identification

Age:		Date of Birth (mm/dd/yyyy):		
Male:	Female:	Height:	Weight:	Hair Color:
Driver's License Number:			State Issued:	
Social Security Number:				

### 4. List provide your employment history for the past 3 years:

Company Name	Address	From	To

### MESSAGE OR SIMILAR BUSINESS OR EMPLOYMENT HISTORY

5. Have you previously operated or been employed in a Massage Establishment or School of Massage in this or any other City or State? Yes                  No

If yes, please provide the following information for each place of employment:

Company Name	Address	From	To

6. Have you ever had a License or Permit for such Employment or Business revoked and/or suspended? Yes                  No

If yes, specify when, which place of employment and the reason for revocation and/or suspension:

Company Name	Reason for Revocation and/or Suspension

If yes, please state what type of employment you held after the revocation and/or suspension.

Company Name	Type of Employment

7. Have you ever been convicted of:

An offense involving conduct which requires registration pursuant to Section 290 (Megan's Law) of the California Penal Code? Yes No

If yes, please give a complete explanation including the type of offense(s), location(s), and date(s):

Type of Offense	Location	Date

8. An offense involving the use of force and violence upon another person that resulted in a felony charge? Yes No

If yes, please give a complete explanation including the type of offense(s), location(s), and date(s):

Type of Offense	Location	Date

9. An offense involving sexual misconduct with children? Yes No

If yes, please give a complete explanation including the type of offense(s), location(s), and date(s):

Type of Offense	Location	Date

10. An offense involving theft of property? Yes No

If yes, please give a complete explanation including the type of offense(s), location(s), and date(s):

Type of Offense	Location	Date

11. An offense as defined in California Penal Code Sections 266, 266(a), 266(b), 266(d), 266(e), 266(f), 266(g), 266(h), 266(l), 311, 315, 316, 318, 647(a) or 647 subdivision (d)? Yes No

If yes, please give a complete explanation including the type of offense(s), location(s), and date(s):

Type of Offense	Location	Date

12. Conspiracy to commit or an attempt to commit any of the aforesaid offenses? Yes No

If yes, please give a complete explanation including the type of offense(s), location(s), and date(s):

Type of Offense	Location	Date

13. The equivalent of any of the aforesaid offenses in a jurisdiction outside of the State of California?

Yes No

If yes, please give a complete explanation including the type of offense(s), location(s), and date(s):

Type of Offense	Location	Date

14. Are you now, or have you ever been licensed, registered or employed as a prostitute or otherwise authorized by the laws of any other jurisdiction to engage in prostitution? Yes No

If yes, please provide the following information for each license or registration:

Location	Authorizing Agency	From	To

15. Has the applicant (including a corporation, partnership or former employer of the application) while so employed or a conducting business, ever been subjected to an abatement proceeding under California Penal Code Section 11225 or any similar provision of law in a jurisdiction outside the State of California? Yes No

If yes, please give a complete explanation including the type of offense(s), location(s), and date(s):

Type of Offense	Location	Date

16. Every applicant applying for a permit to be a Massage Therapist or Instructor shall furnish a copy of a Diploma or Certificate of Graduation from a School of Massage; wherein the method, profession and work of massage is taught and shall show satisfactory completion of courses in anatomy and hygiene. **\*\*Attach a copy of the diploma or certificate to the end of this application\*\***

- a) The Treasurer – Tax Collector shall accept as meeting the above requirements satisfactory evidence that the applicant has completed courses of instruction substantially equivalent to the above.
- b) The Treasurer – Tax Collector shall accept two (2) years bonafide experience as a Massage Therapist in a massage establishment, attested to in writing under oath, by a person other than the applicant, as satisfying the requirements for training in theory, method, profession or work of massage. Any such applicant, who has not completed courses in anatomy and hygiene, may provide evidence satisfactory to the Health Officer of knowledge equivalent to that taught in such courses. Or, if required by the Health Office, shall within a reasonable time complete courses of instruction in such subjects. **\*\*If required, please attach evidence at the end of this application\*\***

17. Please list the exact nature of the massage and/or baths to be administered and the facilities being used:

Service	Facility

18. Please provide the name and address of the owner and lessor of the real property where the Massage Establishment or School is located:

Property Owner:

Name
Address:

Lessor

Name:
Address:

19. Every application for a School of Massage shall be accompanied by the following items, which must be attached to the end of this application:

- a) Proof of approval pursuant to Section 29007.5 of Education Code of the State of California.
- b) A statement of the education and experience qualifications, the names, home addresses of all administrators and instructors, and the subject matter to be taught or demonstrated by each.
- c) A copy of the course outline, schedule of tuition, fees and other charges, regulations pertaining to tardiness and absences, grading policy and rules of operation and conduct.

20. If the applicant is a corporation, please attach a sheet to the end of the application that includes the following information: the name of the corporation exactly as shown in its articles of incorporation, the names and home addresses of each of the officers, directors and each stockholder holding five percent (5%) or more of the stock of the corporation.

The corporation must designate one of its officers to act as the responsible managing officer of the Massage Establishment or School. The officer shall complete the application form as an individual under this chapter. The responsible managing officer is:

Name:	Title:
Address:	
Phone Number:	Email:

21. If the applicant is a partnership, please attach a sheet to the end of the application that includes the following information: the name and home address of each partner, including limited partners.

The partnership must designate one of the partners to act as the responsible managing officer of the Massage Establishment or School. The officer shall complete the application form as an individual under this chapter. The responsible managing officer is:

Name:	Title:
Address:	
Phone Number:	Email:

If one or more of the partners is a corporation, the provisions of the section pertaining to a corporate applicant also applies. Please see item #20.

22. A certificate from a physician, licensed to practice medicine in the state, showing that the applicant has been tested within the previous thirty days in a manner approved by the health officer and has been found to be free of all contagious, infectious, and communicable disease must be attached to the end of this application.

I have obtained and have read the requirements of the County of Stanislaus Code contained in Title 6, Chapter 6.36, or the Ordinance Code and the information sheet attached thereto.

I certify under penalty of perjury that the foregoing, including the statements contained in the attached application, are true and correct.

Executed at \_\_\_\_\_, California, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature: \_\_\_\_\_





**TREASURER AND TAX COLLECTOR**

**Donna Riley**  
Treasurer and Tax Collector

PO Box 859, Modesto, CA 95353  
1010 10<sup>th</sup> Street, Ste 2500, Modesto, CA 95354  
Phone: 209-525-6388 Fax: 209-525-4347

**HEALTH CERTIFICATE**

Donna Riley  
Stanislaus County Treasurer – Tax Collector  
1010 10<sup>th</sup> Street, Suite 2500  
Modesto CA 95354

RE: Massage Permit

\_\_\_\_\_ has been seen in my office and \_\_\_\_\_ is \_\_\_\_\_ is not  
free of communicable disease or infestation in compliance with Title 6, Chapter 6.36 “Massage  
Establishment & Schools” of the Ordinance Code of Stanislaus County, to be a:

\_\_\_\_\_ Massage Therapist

\_\_\_\_\_ Instructor

\_\_\_\_\_ Trainee

Sincerely,

Signature	
Print Name:	Date:
Office Address:	