



April 2007

Dear Massage Business Applicant:

The attached packet has been put together to assist you in obtaining your Operations Permit: Massage Establishment with the City. The application form has a Checklist for Required Attachments on the last page and should help you obtain the information required. I am providing you with a few important addresses.

Only fingerprints submitted via "live scan" can be accepted. *When you apply with the City of Del Mar, please contact Jay Lipscomb for the correct form "Request for Live Scan Service" and a listing of live scan sites. You must take this form to the live scan site for fingerprinting.*

Information and requirements for a Massage Business Health Permit can be obtained from:

County of San Diego
Department of Environmental Health
Community Food and Housing 3rd Floor
1255 Imperial Avenue
San Diego, CA 92186-5261
(619) 338-2222

A copy of the City Municipal code governing Massage Business and Massage Technicians is included.

If you have any questions please contact Jay Lipscomb at (858) 755-9354.

Sincerely,

Kim Krause
Finance Director/Treasurer



CITY OF DEL MAR

1050 CAMINO DEL MAR

DEL MAR, CA 92014

PHONE: (858) 755-9354 (858) 755-5335 (f)

www.delmar.ca.us

APPLICATION FOR OPERATIONS PERMIT: MESSAGE ESTABLISHMENT

ALL INFORMATION REQUESTED ON THIS APPLICATION IS REQUIRED. INCOMPLETE APPLICATIONS WILL BE RETURNED DENIED, THUS DELAYING THE ISSUANCE OF ESTABLISHMENT PERMIT. **IT IS UNLAWFUL FOR ANY NEW APPLICANT TO BEGIN BUSINESS WITHOUT FIRST PROCURING AN OPERATOR'S PERMIT FOR THE ESTABLISHMENT.** COMPLETED APPLICATIONS REQUIRE (30) THIRTY DAYS TO PROCESS.

NEW _____ RENEWAL _____ FEE _____ PERMIT # _____ DATE _____

BUSINESS/CORPORATE NAME _____ BUSINESS PHONE _____

BUSINESS ADDRESS (SITE) _____
(Number) (Street) (City) (Zip)

BUSINESS ADDRESS (MAILING) _____

CORPORATION ___ PARTNERSHIP ___ INDIVIDUAL ___ DBA _____

LIST APPLICANT/OFFICERS/PARTNERS

NAME	TITLE	STREET	CITY	ZIP	PHONE
1 _____	_____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____	_____
4 _____	_____	_____	_____	_____	_____

(USE REVERSE SIDE IF NEEDED) HOURS OF OPERATION: FROM _____ TO _____

NAME/ADDRESS/PHONE OF PROPERTY OWNER OF BUSINESS SITE _____

EXACT NATURE/TECHNIQUE OF MESSAGE TO BE ADMINISTERED _____

APPLICANT NAME _____

AKA'S USED _____

DATE OF BIRTH _____ PLACE OF BIRTH _____ HEIGHT _____ WEIGHT _____ SEX _____

HAIR _____ EYES _____ DRIVER'S LIC.# _____ SOCIAL SECURITY # _____

RESIDENCE ADDRESS _____
(Number) (Street) (City) (Zip)

RESIDENCE PHONE _____ EMERGENCY CONTACT PHONE _____

RESIDENCE ADDRESSES FOR THE PAST THREE (3) YEARS _____

OCCUPATION FOR LAST THREE (3) YEARS

BUSINESS & ADDRESS/CITY	POSITION	DATE EMPLOYED

HAVE YOU EVER BEEN ISSUED A MASSAGE LICENSE/PERMIT? _____ IF ANSWER IS YES, EXPLAIN TYPE OF LICENSE/PERMIT, WHERE ISSUED (CITY) AND BY WHOM ISSUED? _____

HAVE YOU EVER HAD A MASSAGE LICENSE OR PERMIT SUSPENDED OR REVOKED OR HAD AN APPLICATION FOR SAME DENIED? _____ IF ANSWER IS YES, EXPLAIN IN DETAIL _____

LIST ALL CHARGES RESULTING IN A CONVICTION OR PLEA OF NOLO CONTENDERE WITHIN THE PAST FIVE (5) YEARS (EXCEPT FOR MISDEMEANOR TRAFFIC VIOLATIONS).

DATE	PLACE/AGENCY	CHARGE	DISPOSITION	NAME ON DISPOSITION

NAME, CURRENT ADDRESS AND PHONE NUMBERS OF ALL MASSAGE THERAPISTS. ANY CHANGES MUST BE REPORTED TO THE LICENSING AGENCY IN WRITING WITHIN TEN (10) DAYS.

NAME	ADDRESS	D.O.B.	PHONE

NAME/ADDRESS AND PHONE NUMBER OF ANY OTHER MASSAGE ESTABLISHMENT OWNED OR OPERATED BY THE APPLICANT. _____

CHANGES OF ANY KIND MUST BE REPORTED TO THE LICENSING AGENCY IN WRITING WITHIN TEN (10) DAYS.

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 IS GROUNDS FOR DENIAL OR REVOCATION OF MY PERMIT, AND MAY SUBJECT ME TO CRIMINAL PROSECUTION. I DO HEREBY AUTHORIZE THE CITY/COUNTY, 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, AND THAT A COPY OF THE CITY/COUNTY ORDINANCES REGULATING MASSAGE ARE AVAILABLE TO ME UPON REQUEST. **I UNDERSTAND THE INFORMATION SUPPLIED IN THIS APPLICATION MAY BE USED TO OBTAIN A CRIMINAL RECORDS CHECK, TO WHICH I CONSENT.**

DATE _____ SIGNATURE OF APPLICANT _____

YOU MUST SUBMIT THE FOLLOWING WITH YOUR APPLICATION:

- _____ 1. CURRENT PHOTO IDENTIFICATION, WRITTEN PROOF SATISFACTORY TO THE SHERIFF THAT APPLICANT IS OVER THE AGE OF 18 (I.E. CALIFORNIA DRIVER'S LICENSE, I.D. CARD, OR OTHER APPROVED I.D.).
- _____ 2. (2) PASSPORT QUALITY 2"X2" PHOTO'S (NOT BOOTH PHOTOS).
- _____ 3. CORRECT PERMIT FEE (\$440.00 NEW APPLICANT/\$375 RENEWAL or \$245.00 FOR OFF-PREMISE MASSAGE).
- _____ 4. ONLY FINGERPRINTS SUBMITTED VIA LIVE SCAN ARE ACCEPTABLE. ATTACHED IS A LISTING OF LIVE SCAN SITES IN THE SAN DIEGO COUNTY. **(If you decide to apply, you must request form from City of Del Mar, Finance Department).** PLEASE FILL OUT AND TAKE THE FORM "REQUEST FOR LIVE SCAN SERVICE" TO ONE OF THESE SITES. FEE IS \$32.
- _____ 5. COPY OF BUSINESS LICENSE/ASSESSORS BUSINESS TAX CERTIFICATE FOR CITY/AREA APPLYING IN **(form attached)**
- _____ 6. LETTER FROM OWNER OF PROPERTY WITH WRITTEN PERMISSION FOR USE OF PROPERTY, INCLUDING PARCEL NUMBER.
- _____ 7. FICTITIOUS NAME REGISTRATION IF APPLICANT IS USING A DBA.
- _____ 8. OTHER

APPLICATION MUST BE APPROVED BY THE PLANNING DEPARTMENT AND ENVIRONMENTAL HEALTH PRIOR TO BEING SENT TO THE SHERIFF.

FOR USE BY FINANCE DIRECTOR

APPROVED___DISAPPROVED___
 BY _____

 DATE _____

FOR USE BY SHERIFF'S DEPT.

APPROVED___DISAPPROVED___
 BY _____

 DATE _____

FOR USE BY PLANNING DEPT.

APPROVED___DISAPPROVED___
 BY _____

 DATE _____

FOR USE BY ENVIRONMENTAL HEALTH

APPROVED___DISAPPROVED___
 BY _____

 DATE _____

FOR USE BY FIRE DEPARTEMT

APPROVED___DISAPPROVED___
 BY _____

 DATE _____



CITY OF DEL MAR

1050 Camino Del Mar • Del Mar, CA 92014-2698
Telephone (858) 755-9354 • Fax (858) 755-5335

Please Check One:

- NEW BUSINESS
- CHANGE OF OWNER
- CHANGE OF ADDRESS
- CHANGE OF BUSINESS NAME
- HOME OCCUPATION BUSINESS

BUSINESS LICENSE APPLICATION

PLEASE TYPE OR PRINT CLEARLY: • FOR CITY USE ONLY •

Business Name _____
(Include DBA)

Business Location _____

City _____ State _____ Zip _____

Mailing Address _____
(If Different)

City _____ State _____ Zip _____

Bus. Phone () _____ Bus. Fax () _____

E-Mail Address _____

BUSINESS LICENSE NO. _____

AMOUNT PAID \$ _____

DATE PAID _____ CASH CHECK

RECEIPT NO. _____

CITY APPROVALS • SIGN & DATE

PLANNING DEPT: _____

Date: _____ APPROVED DENIED

FIRE DEPT: _____

Date: _____ APPROVED DENIED

Business Start Date:	Description of Business:
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Wastes expected to be generated on site (e.g., food wastes, coolant, heavy metals.) _____

Ownership: Corporation Limited Liability Corp. Partnership Sole Proprietor Trust Limited Partnership

State Contractor Lic. No. _____ License Type _____ Expiration Date _____

Board of Equal. Sales No. _____ Federal I.D. No. _____ State I.D. No. _____

ENTER BELOW NAMES OF OWNERS, PARTNERS, OR CORPORATE OFFICERS - Attach additional page if necessary

Owner Name _____	Title _____	Phone () _____
Home Address _____		Cell Phone () _____
City _____ State _____	Zip _____	
Driver's License No./State _____	Social Security No. _____	

Owner Name _____	Title _____	Phone () _____
Home Address _____		Cell Phone () _____
City _____ State _____	Zip _____	
Driver's License No./State _____	Social Security No. _____	

EMERGENCY CONTACT: (Person with building access)

Name _____ Title _____ Phone () _____

Address _____ Cell Phone () _____

ALARM COMPANY: (If applicable)

Name _____ Contact _____ Phone () _____

Address _____ License No. _____

NEW BUSINESS:

Estimated Gross Receipts from Opening Date through end of current Calendar Year \$ _____

EXISTING BUSINESS:

Total Gross Receipts from Jan. 1, _____ through Dec. 31, _____ (year) (year) \$ _____

PLEASE CALCULATE TAX DUE USING WORKSHEET ON REVERSE SIDE, AND ENTER AMOUNTS BELOW:

License Tax	\$ _____
Employee / Units / Vehicle Tax	\$ _____
Other Fees	\$ _____
TOTAL AMOUNT DUE	\$ _____

Business Hours of Operation: _____

No. of Units: _____ Business Square Feet: _____

No. of Employees: _____ No. of Parking Spaces: _____

No. of Vehicles: _____ Vehicle License No. _____
(Attach additional page if necessary)

I declare, under penalty of perjury, that the information in this application is true and correct to the best of my knowledge. I certify that I will operate my business in accordance with all applicable federal, state and city laws and regulations. I further understand that any false statements made above are grounds for denial or revocation of the business license.

Signature: _____

Date: _____

PLEASE SEE REVERSE SIDE FOR TAX SCHEDULE ➔



CITY OF DEL MAR

Business License Tax Schedule

Every person conducting or carrying on a commercial business activity within the City of Del Mar shall pay an annual license tax according to the categories below. (Del Mar Municipal Code, Title 5)

Notice: The issuance of a business license does not supersede the zoning, planning, or operating regulations found in the City of Del Mar Municipal Code (DMMC). Please check City regulations before applying for a business license. It is the business owner's responsibility to obtain all required permits. Conducting business without the required permits may result in a citation and/or fine. Please contact City Hall for more information regarding applicable regulations. The DMMC can also be found at www.delmar.ca.us.

Operations Permit: Use of Public Property
Community Services Department (858) 755-1556

Planning Regulations and Zoning
Planning Department (858) 755-9313

Operations Permit: Taxicab, Massage, and Holistic Health Practitioner
Finance Department (858) 755-9354

Gross Receipts Worksheet

Step 1: Enter amount of Gross Receipts. This amount must be entered before we can process application.

Step 2: Calculate amount due. See example below or call us for assistance at (858) 755-9354.

➔ **REMINDER:** *Estimated Gross Receipts must be filled out before we can process application.*

Estimated Gross Receipts \$ _____

Annual Gross Receipts	Annual License Tax
First \$ 15,000.00 = \$ 30.00 _____	
Next 10,000.00 x 1.20/1,000 = _____	
Next 300,000.00 x .90/1,000 = _____	
Next 100,000.00 x .80/1,000 = _____	
Next 100,000.00 x .70/1,000 = _____	
Next 100,000.00 x .50/1,000 = _____	
Balance of receipts x .30/1,000 = _____	
Total License Tax \$ _____	

EXAMPLE FOR CALCULATING AMOUNT DUE:

Estimated Gross Receipts \$ _____ 300,000.00	
First \$15,000 =	\$ _____ 30.00
+ \$10,000 (10,000 x \$1.20/1,000) =	\$ _____ 12.00
+ \$275,000 (275,000 x \$0.90/1,000) =	\$ _____ 247.50
Total License Tax \$ _____ 289.50	

Businesses in the following categories pay a flat tax:

<p>CATERERS \$100.00 per year</p> <p>DANCE PERMIT \$100.00 per year</p> <p>FAIRGROUNDS Individual Vendors \$6.00 first day \$4.00 each day after (maximum of \$40.00)</p> <p>Horse Information \$1,200.00 per year</p> <p>Promoters \$100.00 plus 10% deposit on admissions tax</p>	<p>SERVICE BY VEHICLE \$100.00 first vehicle \$50.00 each additional vehicle</p> <p>SOLICITOR'S PERMIT \$20.00 per day / per person</p> <p>FILMING Up to 10 cast and crew \$100.00 per day Over 10 cast and crew \$250.00 per day</p> <p>STILL PHOTOGRAPHY Up to 10 cast and crew \$50.00 per day Over 10 cast and crew \$100.00 per day</p>
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Businesses in the following categories pay for an Operations Permit plus a Business License:

<p>MESSAGE TECHNICIAN \$175.00 plus a Business License (see Gross Receipts worksheet above) Renewal \$165.00</p> <p>HOLISTIC HEALTH PRACTITIONER Operations Permit (no fee) plus a Business License (see Gross Receipts worksheet above)</p> <p>MESSAGE ESTABLISHMENT \$440.00 plus a Business License (see Gross Receipts worksheet above) Renewal \$375.00</p>	<p>OFF-PREMISES MESSAGE \$245.00 plus a Business License (see Gross Receipts worksheet above) Renewal \$245.00</p> <p>TAXI STICKER \$ 118.00 Administrative Fee (New Applications) \$ 98.00 Administrative Fee (Renewals) \$ 50.00 Per Sticker plus Business License (See Gross Receipt Worksheet Above)</p>
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Applications are available by mail, fax, or on our web site, www.delmar.ca.us
Office hours are Monday through Friday, 8:00 a.m. to 5:00 p.m.
1050 Camino Del Mar, Del Mar, CA 92014-2698 • (858) 755-9354

Chapter 6.61

OPERATIONS PERMIT: MESSAGE TECHNICIAN

6.61.010 Purpose. [Ord. 661, Ord. 672]

A. It is the purpose of this Chapter to provide for the orderly regulation of massage technicians.

B. It is unlawful for any person to give or administer, or offer to give or administer, a massage in violation of any of the provisions of this Chapter.

6.61.012 Exemption for Individuals [Ord. 672]

A. An exempt individual may personally give or administer, or personally offer to give or administer, a massage without having an Operations Permit: Massage Technician and without complying with the regulations of the other Sections of this Chapter, so long as all massages that are part of the individual's massage business are given or administered while engaging in practices within the scope of the exempted individual's State license or holistic health practice.

B. Exempt Individuals. So long as the requirements of Subsection A are being met, for purposes of this Chapter, an "exempted individual" is one who is within one or more of the following categories:

1. A physician, surgeon, chiropractor, osteopath, acupuncturist or physical therapist who is licensed to practice their respective professions in the State of California, while engaging in practices within the scope of their licenses.

2. A registered nurse, practical nurse and licensed vocational nurse who is licensed to practice under the laws of the State of California, while engaging in practices within the scope of their licenses.

3. Trainers employed by any amateur, semiprofessional or professional athlete or athletic team, while engaging in practices within the scope of their employment.

4. A barber or beautician who is duly licensed under the laws of the State of California while engaging in practices within the scope of their licenses.

5. Holistic health practitioners, while engaging in practices within the scope of their practice. "Holistic health practitioner" is a non-medical health care therapist who uses massage in a therapeutic approach to caring for patrons. The practice of such health care therapist may include other services such as nutritional assistance or counseling as long as all massage activities are directed toward health care. To qualify for this exemption, the person, prior to initiating the conduct of a massage business within the City, must first present themselves to the Issuing Authority to be registered and provide proof of:

a. Satisfactory completion of no less than one thousand hours of instruction in such specialty or therapeutic approach at a school whose curriculum is accredited by the State of California; and

b. Membership in a State or nationally chartered organization devoted to the specialty of therapeutic approach whose members are subject to a code of behavior that is effectively enforced against members by the organization and which requires participation in continuing education;

c. Evidence of passing a qualified written examination prepared by the Health Department and administered by the Sheriff establishing competency and ability of the applicant to engage in the practice of massage; and

d. Evidence of passing an examination prepared and conducted by the Health Department wherein the applicant shall be required to demonstrate a basic knowledge of anatomy, physiology, hygiene, and manual and mechanical massage.

6. Persons employed by hospitals, nursing homes, sanitariums, or other health care facilities duly licensed by the State of California, while engaging in practices within the scope of their employment.

7. Persons employed by an accredited high school, junior college or college, while engaging in practices within the scope of their employment. (SDCC 66.523)

6.61.016 Denial/Revocation of Exempt Status [Ord.672]

A. Upon giving the individual notice, and an opportunity to be heard, an exemption specified in this Chapter may be denied or revoked by the City if the individual:

1. Loses the license required to qualify for the exemption; or

2. There is a criminal conviction that, in accordance with the express provisions of this Chapter, authorizes the denial or revocation of an operations permit.

B. An exemption, which is denied or revoked due to a loss of a qualifying license, shall not be reinstated until 1 year after the full, unconditioned license is reobtained.

C. An exemption, which is revoked due to a criminal conviction, shall not be reinstated for a period of 10 years.

D. An individual whose exemption is denied or revoked is subject to all of the regulations in this Chapter.

6.61.020 Definitions. The definitions used in administering Operations Permit: Massage Business are applicable to the administration of this Chapter.

6.61.030 Issuing Authority. The City's Director of Finance is the Issuing Authority for Operations Permit: Massage Technician.

6.61.040 Application.

A. An application shall be filed with the Issuing Authority no less than 45 days prior to the proposed date for the commencement of the giving or administering of massages.

B. If, during the processing of the application, there is any change in information contained in the application, the applicant shall notify the Issuing Authority, in writing, within two days of such change.

6.61.042 Contents of Application. The applicant for an Operations Permit: Massage Technician shall furnish the following information: (SDCC 66.510)

- A. Name, residence address and telephone number.
- B. The previous addresses of applicant, if any, for a period of three years immediately prior to the date of the application and the inclusive dates of residence at each.
- C. Social Security number and driver's license number, if any.
- D. Applicant's sex, weight, height, color of hair and eyes.
- E. Written evidence that the applicant is at least 18 years of age.
- F. Business, occupation or employment of the applicant for the five years immediately preceding the date of application.
- G. Whether the applicant has ever been convicted of any crime, except misdemeanor traffic violations. If the applicant has been so convicted, a statement giving the place and court in which such conviction was had, the specific charge under which the conviction was obtained, the sentence imposed as a result of such conviction, and the circumstances surrounding the crime for which convicted.
- H. The business license or permit history of the applicant; whether the applicant, in previously operating in this or another county, city or state under license or permit, has had such license or permit suspended or revoked, the reason therefor, and the business activity or occupation subsequent to such suspension or revocation.
- I. A certificate from a medical doctor licensed to practice in the State of California stating that the applicant has been examined and found free of any contagious or communicable disease. The examination must be conducted and the certificate executed within 20 days immediately preceding the submission of the certificate to the City.
- J. Two portrait photographs, at least two inches by two inches, taken within the six (6) month period immediately preceding the date of application.

K. Such other identification and information as the Sheriff may require in order to discover the truth of the matters presented by the applicant.

L. The name and address of the massage establishment, if any, at which the applicant expects to be employed.

6.61.044 Processing An Application. Upon receipt of the application, the Issuing Authority shall collect the authorized processing fee. (SDCC 66.507) The Issuing Authority shall retain one photograph of the applicant to be attached to the permit. Then, the Issuing Authority shall deliver a copy of the application to the following:

A. To the Health Department to coordinate the applicant's taking of examinations, as required; and

B. To the Sheriff's Department to conduct a review and background check and report on the applicant's suitability under this Chapter. The Issuing Authority shall send one photograph of the applicant to the Sheriff.

6.61.046 Fees.

A. The City Council, by resolution, shall establish application fees to cover the cost of processing applications and conducting pre-issuance inspections, investigations and examinations; and permit issuance fees for post issuance inspections and the enforcement of the provisions of this Chapter.

B. The amount of the fees shall include the charges fixed by the Health Department and Sheriff's Department for providing services to the City in the administration of this Chapter. (SDCC 66.531)

6.61.047 Qualifying Requirements. In order to be entitled to the issuance of an Operations Permit: Massage Technician, the applicant must satisfy the following requirements:

A. Ability To Massage. The applicant must present:

1. A diploma or certificate of graduation from a "Recognized School of Massage" wherein the method, profession and work of massage is taught. Note: The City may confirm that the applicant has actually attended class in a recognized school;

2. Evidence of lawful employment as a massage technician for no less than 1200 hours; or

3. Evidence of passing a qualified written examination prepared by the Health Department and administered by the Sheriff establishing competency and ability of the applicant to engage in the practice of massage. (SDCC 66.510l)

B. Basic Knowledge. The applicant must pass an examination prepared and conducted by the Health Department wherein the applicant shall be required to demonstrate a basic knowledge of anatomy, physiology, hygiene and manual and mechanical massage. These examinations shall be conducted at regular intervals. The Health Officer shall advise the City of the results of such examination. (SDCC 66.510m)

C. Fingerprints. The applicant must allow the Sheriff to fingerprint the applicant for the purpose of allowing a search through the Federal Bureau of Investigation and the California State Division of Criminal Identification and Investigation. (SDCC 66.510o)

6.61.048 Issuing of Operations Permit: Massage Technician.

A. The Operations Permit: Massage Technician shall:

1. Identify the permittee;
2. Identify the Massage Business for which the permittee will work;
3. Identify the massage establishment, if any;
4. Specifically permit off-premises massage service, if appropriate;
5. Impose conditions that are reasonable and necessary to the massage technician's compliance with the regulations of this Code;
6. Specify a permit expiration date, one year from the date of issuance;
7. Expressly state that while the Operations Permit: Massage Technician authorizes the person to give or administer massages, each person who gives or administers a massage must be part of a massage business which possesses and is in full compliance with the terms of, a validly issued, unexpired, and unrevoked Operations Permit: Massage Business;
8. Have affixed to the permit a photograph of the permittee; and
9. If appropriate, expressly note that the permittee is in a trainee status.

B. An Operations Permit: Massage Technician shall not be issued until the Issuing Authority has been notified in writing by the Health Department and the Sheriff that the applicant has fulfilled the requirements of this Title.

6.61.050 Denial of Application / Revocation of Permit.

A. In addition to the other standards stated in this Chapter and Title, the Issuing Authority may deny the application for a permit or revoke an issued permit if it is found that: [Ord. 672]

1. Within five years immediately preceding the date of the filing of the application, the applicant has been, or during the term of an issued permit is:

a. Adjudged to be a mentally disordered sex offender with a duty to register with the Sheriff or Chief of Police under Section 290 of the Penal Code;

b. Convicted of a crime related to the conduct of a massage business or which is not consistent with satisfying the obligation of creating and maintaining a safe and healthy environment for administering massages;

c. Convicted of a violation of Section 314 (Indecent Exposure), 315 (Keeping or Residing in a House of Ill-Fame), 316 (Keeping a Disorderly House - Disturbing the Peace), 647(a) (Soliciting or Engaging in Lewd or Dissolute Conduct in a Public Place), or 647(b) (Soliciting or Engaging in Prostitution) of the Penal Code, or convicted in another state of any offense which, if committed or attempted in this State, would have been punishable as one or more of the heretofore mentioned offenses; or

d. Shown, by a preponderance of the evidence, to have violated the elements of one or more of the crimes listed in the previous subsection.

2. In applying for the permit, the applicant provided false or materially misleading information or concealed information relevant to the City's decision to issue the permit; or

3. The applicant or permittee is not in compliance with the regulations of this Code.

4. The applicant or permittee has had a permit or license for a massage technician, or similar type of business, revoked or denied by a government agency and has not shown a significant and material change in circumstance since the revocation or denial.

B. An application for a permit may be denied if there is a criminal charge pending against the applicant, unless the applicant has been previously operating as a massage

technician in accordance with a permit issued under this Chapter and is applying for a subsequent permit to continue such operation.

6.61.080 Regulations: Giving/Administering Massage .

It is unlawful for a massage technician to give or administer, for commercial purposes, a massage unless such massage technician is in possession of, and is in full compliance with the terms of, a validly issued, unexpired, and unrevoked Operations Permit: Massage Technician and in full compliance with the following regulations:

A. It is unlawful for a massage technician to give or administer a massage unless the patron's specified anatomical areas are fully covered. (SDCC 66.510.1a)

B. Technician's Clothing. It is unlawful for a massage technician to give or administer a massage unless the technician is clothed so as to be fully covered from a point not to exceed four inches above the center of the kneecap to the base of the neck, excluding the arms. Except, shorts may be worn so long as the shorts extend down the leg a minimum of three inches from the crotch and the body above that point is fully covered to the base of the neck, excluding the arms. The covering, which includes trousers, pants or shorts, will be an opaque material and will be maintained in a clean and sanitary condition. (SDCC 66.510.1b)

C. No massage technician, while performing any task or service associated with the business of massage, shall massage or intentionally touch the specified anatomical areas of another person. (SDCC 66.510.1c)

D. Instruments.

1. The massage technician shall not commence the giving or administering of a massage unless there is, at the location of the massage, adequate equipment and agents, approved by the Health Department, for sterilizing and disinfecting any instruments to be used in giving or administering a massage.

2. It is unlawful for a massage technician to use an instrument in giving or administering a massage unless the instrument is first sterilized and disinfected using sterilizing methods, disinfecting agents and sterilizing equipment approved by the Health Department.

E. Posted Massage Services. It is unlawful for a massage technician to give or administer, or offer to give or administer, a massage service in a massage establishment when the service is not posted as required by this Chapter.

6.61.090 Technician Trainee.

A. A person may apply for a conditional Operations Permit: Massage Technician to operate as a technician trainee by submitting the following:

1. Student Status. Evidence from the appropriate school that the trainee applicant is currently enrolled, and has completed at least 25 hours of instruction, in a recognized school of massage;

2. Supervision. A letter signed by the Massage Business Operator of a permitted massage establishment stating the immediate intent to employ the trainee applicant to do massage as a trainee working under the direct supervision and control of a properly permitted, massage technician; and

3. The other application information requirements imposed in this Chapter.

B. To obtain a permit under this Section, the trainee applicant is not required to meet the qualifying requirements specified in subsections A and B of Section 6.61.047.

C. The trainee permit shall allow the trainee to give or administer a massage subject to the following: (SDCC 66.511)

1. The massage shall be given or administered only in a massage establishment identified in a validly issued, unexpired, and unrevoked Operations Permit: Massage Business;

2. The massage shall be given or administered only under the supervision and direction of a massage technician who is in possession of a validly issued, unexpired, and unrevoked Operations Permit: Massage Technician; and

3. The massage shall be given or administered only in full compliance with the regulations of this Chapter imposed on massages given or administered by a massage technician.

D. The trainee permit shall expire nine months from the date of issuance and shall not be renewed unless good cause is shown by the applicant for such renewal.

E. A massage technician shall not be designated as the supervisor of more than two trainees at any one time.

6.61.100 Regulations: Off-Premises . It is unlawful for a massage technician to provide, or offer to provide, an off-premises massage unless:

A. The massage is to be given or administered between the hours of 7:00 a.m. and 12:00 a.m., midnight;

B. The massage technician is working as part of a massage business which is in possession of, and is in full compliance with the terms of, a validly issued, unexpired, and unrevoked Operations Permit: Massage Business;

C. The massage is offered to be given or administered in full compliance with the regulations of this Title;

D. The massage is given or administered in full compliance with the regulations of this Title; and

E. Before the massage is given or administered, the massage technician presents to the patron a written document which lists the services available and the cost of such services. The services shall be described in readily understandable language. (SDCC 66.513q)