



San Ramon Police Department
2401 Crow Canyon Road
San Ramon, CA 94583
Ph: (925) 973-2740
Fax: (925) 242-0517



**CHECKLIST FOR MESSAGE ESTABLISHMENT/
MESSAGE THERAPIST PERMIT**

Message Establishment License

- _____ **Begin your Application process at the Business License office located in the Permit Center**
2401 Crow Canyon Road. *(Fees are non-refundable)*
- _____ Establishment Owners must get **zoning approval** for the Establishment location. Located at the Planning/Community Development Department – 2401 Crow Canyon Road.
- _____ Establishment owners must provide proof of a **Building Inspection Report** for tenant improvements. If there is not going to be tenant improvements which require a Building Permit, an Occupancy Analysis may be required. Located at the Planning/Community Development Department – 2401 Crow Canyon Road.
- _____ Establishment owners must provide proof of a **Fire Inspection Report** for the facility. Call 925-838-6600
- _____ Establishment owners must provide proof of a **Health Inspection Report** for the facility. Call 925-692-2532
- _____ Obtain Property Owner/Manager's signature on the **Property Owner Acknowledgement** form acknowledging that a massage establishment will be located on the property.
- _____ Provide a copy of the lease if the massage establishment is to be sub-leased by one massage business owner from another.

Complete the following Application requirements as they apply to you:

- _____ **Make an appointment to be fingerprinted and to hand in all documents.**
(Online at <http://www.sanramon.ca.gov/police/fingerprint.htm>)
- _____ Complete **Massage Application-Personal Information Sheet**
(All partners or corporation members who have ownership in an Establishment must each complete an application and go through a background check)
- _____ Provide Training Certificates (*Therapist*)
- _____ Provide **sealed** Transcripts or have the Transcript mailed directly to San Ramon Police Department (*Therapist*)
- _____ Proof of membership from a Certified Massage Association (*Therapist*)
- _____ Proof of Malpractice Insurance
- _____ Proof that applicant is over the age of 18 years and possess documentation that applicant has a lawful right to work in the United States (*Resident Card/Visa*)
- _____ Application Fees due *(Fees are non-refundable)*
- _____ Pick up Permit and License at the Police Department after notified to do so
- _____ License/Permit Fee due