

Massage Exemption Checklist Form

Massage Ordinance 2016

On June 8, 2016, the Board of Supervisors approved amendments to the Sacramento County Zoning Code (SZC) pertaining to the regulation of Massage Establishments by approving Ordinance No. SZC-2016-0007. The ordinance became effective on July 7, 2016.

New regulations require all new prospective massage enterprises in the unincorporated area of Sacramento County obtain a Minor Use Permit and meet the distance separation requirements outlined in Section 3.7.1.B of the Zoning Code, unless the enterprise qualifies for one of three exemptions.

The distance separation requirements for new massage establishments not found to be exempt are as follows: (a) establishment must be located a minimum of 100 feet from residential and/or agricultural-residential zones; (b) establishment must be located a minimum of 1,000 feet from a sensitive use, such as a day care center, school, public park, church, community center, or other similar facilities that are primarily designed to serve persons under the age of 18; and (c) establishment must be located a minimum of 1,000 feet from an existing massage establishment.

The attached questionnaire form will assist in determining if you are exempt from obtaining a Minor Use Permit.

Purpose of a Minor Use Permit

A Minor Use Permit provides regulation over certain land uses that may have limited, or minor, impacts and where a full public hearing process is considered unnecessary. A Minor Use Permit protects the public by providing an entitlement that can be withdrawn if a given use does not comply with conditions and regulations.

Question #1 – SOLE/DUAL OWNER – NO OTHER EMPLOYEES OR PROVIDERS

| | |
|--|---|
| Is the proposed enterprise a sole or dual owner/operator massage establishment? (Section 3.7.2.C.4.a) <i>A sole or dual owner massage establishment and said business has no other employees or providers.</i> | |
| <input type="checkbox"/> Yes | Your proposed business is exempt from the requirement to obtain a Minor Use Permit. Please complete and sign the form below and stop. |
| <input type="checkbox"/> No | Continue to Question #2 |

| | |
|---|--|
| Business Name: _____ | |
| Business Site Address (include Suite # if applicable): _____ _____ _____ | Business License Application Number: APPL |

| | |
|--|---|
| <input type="checkbox"/> Sole Ownership | <input type="checkbox"/> Dual Ownership |
| Owner 1's Name: _____ | Owner 2's Name (if applicable): _____ |
| Owner 1's Mailing Address _____ _____ _____ | Owner 2's Mailing Address (If different from Owner 1) _____ _____ _____ |

The above named business is, or will be, under a sole or dual ownership. I/We will provide said massage services and there will be no additional employees or providers at this establishment. I/We understand that should I/we employ additional massage practitioners, our business may no longer qualify for this exemption and I/we will contact the County Planning and Environmental Review Division to determine if application for a Minor Use Permit will be required prior to allowing additional employees to work.

Owner(s) Signature: _____

Owner(s) Signature: _____

Date: _____

Question #2 – ALL Providers are CAMTC Certified – including business owner(s) if providing massage.

| | |
|---|--|
| Will all providers be Certified Massage Therapists (CMT), as certified by the California Massage Therapy Council? (Section 3.7.2.C.4.a) | |
| <input type="checkbox"/> Yes | Your proposed massage business is exempt from the requirement to obtain a Minor Use Permit. Please complete and sign the form below, and provide documentation as necessary. |
| <input type="checkbox"/> No | Continue to Question #3 |

| | |
|---|---|
| Business Name: _____ | Business Owner Name: _____ |
| Business Site Address: _____ _____ _____ | Owner Mailing Address: _____ _____ _____ |

As of date, I have the following prospective employees/providers and their CAMTC certificate numbers. **NOTE* Each provider is also REQUIRED to obtain a Sacramento County Business License in addition to their CAMTC certification.**

| Provider/Employee Name | CMT License # | Special Business License Number |
|------------------------|---------------|---------------------------------|
| | | |
| | | |
| | | |
| | | |

I understand that by signing below, I consent to inspections and will provide documentation of CAMTC licenses when requested. **I also understand that if I hire massage providers that are NOT certified by the California Massage Therapy Council, my business will no longer qualify for this exemption and I will notify Business Licensing and contact the Planning and Environmental Review Division to determine if application for a Minor Use Permit will be required.**

Signature: _____

Date: _____

Question #3 – Incidental to the Primary Enterprise

| | |
|---|--|
| Will massage services/activities be incidental to the primary enterprise? (Section 3.7.2.C.4.b) <i>Massage is 25% or less of the total floor area of the business. Such enterprises include salons, spas, health clubs and medical offices. ATTACH FLOOR PLAN</i> | |
| <input type="checkbox"/> Yes | Your proposed enterprise is exempt from the requirement to obtain a Minor Use Permit. Please complete and sign the form below and provide documents as necessary. |
| <input type="checkbox"/> No | Your proposed massage establishment is NOT exempt from the requirement to obtain a Minor Use Permit. Please complete the information on the following page. Please contact the Office of Planning and Environmental Review to apply for a Minor Use Permit. A business license will NOT be issued without the Minor Use Permit. |

| | |
|---|---|
| Business Name: _____ | Business Owner Name: _____ |
| Business Site Address: _____ _____ _____ | Owner Mailing Address: _____ _____ _____ |

The above named business only provides massage services incidental to the primary enterprise (such as salons, spas, health clubs and medical practices). The attached floor plan identifies the area where massage services/activities will occur. Massage services/activities comprise 25% or less of the floor area of the above named business.

Signature: _____

Date: _____

If you marked “NO” to all questions, please provide the following information and immediately contact Planning and Environmental Review for a Minor Use Permit: SacPlan@saccounty.net

| | |
|---|---|
| Business Name: _____ | Business Owner Name: _____ |
| Business Site Address: _____ _____ _____ | Owner Mailing Address: _____ _____ _____ |

Failure to obtain a permit may result in denial or revocation of the business license. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct:

Signature: _____

Date: _____

Signature: _____

Date: _____