



Sole Practitioner Establishment Permit Application

Please fill out and provide the following:

- Application (page 2)
- Written Operational Procedures (page 3)
- Practitioners' List (page 4)
- Referral to Planning/Zoning (page 5-6)
- San Francisco Police Department Background Check (page 7)

Applicant must submit fingerprints to SFPD for state and federal level fingerprint-based background check. You must email the SFPD form to sfpdpermits@sfgov.org. DO NOT MAIL IT IN. *Police Background check expires after three (3) months.*

CAMTC certificate holders are not required to complete the SFPD background check.

- A copy of the lease, rental agreement or, if the applicant owns the premises, a copy of the deed.
- Floor plan drawing with dimensions depicting rooms and equipment.
Submit 2 sets of floor plans on 11 x 17" paper for brand new establishments only.
- Copy of Business Registration Certificate
- Copy of SF Massage Practitioner OR CAMTC certificate
- Copy of current Identification Card or Driver's License

PLEASE MAKE AN APPOINTMENT TO SEE AN INSPECTOR. THERE ARE NO DROP-IN APPOINTMENTS.

Please Note: Failure to complete all forms and provide required documentation will result in your application being delayed or denied.



CITY AND COUNTY OF SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
 ENVIRONMENTAL HEALTH BRANCH, 49 SOUTH VAN NESS AVE, SUITE 600, 94103
APPLICATION FOR PERMIT TO OPERATE A MESSAGE ESTABLISHMENT

Date of Application: _____

Type of Establishment: <input type="checkbox"/> General Massage <input type="checkbox"/> OutCall Service <input type="checkbox"/> Sole Practitioner		FACILITY ID NO.	
TRADENAME (DBA): ADDRESS:		<input type="checkbox"/> Sole Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	<input type="checkbox"/> New Installation <input type="checkbox"/> Ownership Change <input type="checkbox"/> Reclassification <input type="checkbox"/> Record Purpose
		Remodel? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CROSS STREET:	EMAIL ADDRESS:	BUSINESS PHONE NO.	CELL PHONE NO.
Name of: a) Person to whom permit will be issued, or b) Corporation name and names of principal Officers and stockholders with more than or equal to 10% ownership (include percentage of each listed individual)		Home Address of: a) each applicant with birth date, or b) each practitioner for Solo Practitioner Establishment, or c) Corporation and Corporate Officers	
		Contact Person:	
Emergency name & phone:		Home Telephone:	
Has any applicant, including corporate officers and stockholders, EVER BEEN CONVICTED OF ANY FELONY OR MISDEMEANOR <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, please attach a list of each conviction along with the date of the conviction.</i>			
Are you currently pending any investigation regarding any felonies, misdemeanors or lewd conduct <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, please attach a list of each conviction along with the date of the conviction.</i>		Have you ever had any massage license or massage establishment licenses denied, suspended or revoked: <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, please attach information about the license denial, revocation or suspension, including dates.</i>	
ATTACH: 1) WRITTEN OPERATIONAL PROCEDURES WHICH DESCRIBE THE EXACT NATURE OF THE SERVICES TO BE PROVIDED 2) PRACTITIONER LIST (FOR MESSAGE ESTABLISHMENTS). PROVIDE COPY OF CURRENT SF MESSAGE PRACTITIONER LICENSE OR CALIFORNIA MASSAGE THERAPY COUNCIL(CAMTC) CERTIFICATE. 3) LIST OF PREVIOUS MESSAGE PERMITS OR LICENSES HELD			

I declare under penalty of perjury the information on this application and in other materials submitted in support of this application are true and correct. I hereby consent to all necessary inspections made pursuant to the Massage Ordinance and incidental to the issuance of any exemption, Registration or Permit, and operation of this business. I have checked with the Planning Department prior to submitting this application to verify that this location is zoned for a Massage Establishment. **I understand that once submitted, the application fee is nonrefundable.**

***SIGNATURE(S) OF APPLICANT(S)**

X _____ X _____
 X _____ X _____

**If Partnership, all partners must sign. If Corporation, authorized Officer must sign. Attach extra sheets if necessary.*

FOR OFFICE USE ONLY

Filing Fee & Receipt # _____	Zoning Referral _____	Lease Agreement _____	Previous Permits _____
Out of Business Notification _____	Owner(s) Background Check _____	Practitioner list _____	Home Addresses _____
			Corporate Address _____

INSPECTOR'S REPORT

To the Director of Public Health:
 After having made a careful inspection in the above case on _____ 20____
 I RECOMMEND the issuance of a New Permit to operate
 I DISAPPROVE the issuance of a New Permit to operate for the following reasons:

PRINCIPAL INSPECTOR

INSPECTOR

HEARING DATE	APPROVED Y <input type="checkbox"/> N <input type="checkbox"/>	DISTRICT NO.	CENSUS TRACT	PERMIT NO.	TYPE OF PERMIT / CLASSIFICATION
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DATE: _____

PRACTITIONERS' LIST FOR

EXISTING NEW

DBA: _____

Bus. Phone: _____

Address: _____

OnSite Mgr: _____

MANAGER DURING NORMAL WORKING HRS

	FIRST & LAST NAME OF MESSAGE PRACTITIONER <i>Provide copy of current SF Massage Practitioner License Certificate or CAMTC Certificate</i>	PRACT. Check one	PERMIT# (MP)	Office Use ONLY Active?
1)		CAMTC DPH		<input type="checkbox"/> YES <input type="checkbox"/> No Permit
2)		CAMTC DPH		<input type="checkbox"/> YES <input type="checkbox"/> No Permit
3)		CAMTC DPH		<input type="checkbox"/> YES <input type="checkbox"/> No Permit
4)		CAMTC DPH		<input type="checkbox"/> YES <input type="checkbox"/> No Permit
5)		CAMTC DPH		<input type="checkbox"/> YES <input type="checkbox"/> No Permit
6)		CAMTC DPH		<input type="checkbox"/> YES <input type="checkbox"/> No Permit
7)		CAMTC DPH		<input type="checkbox"/> YES <input type="checkbox"/> No Permit
8)		CAMTC DPH		<input type="checkbox"/> YES <input type="checkbox"/> No Permit
9)		CAMTC DPH		<input type="checkbox"/> YES <input type="checkbox"/> No Permit
10)		CAMTC DPH		<input type="checkbox"/> YES <input type="checkbox"/> No Permit
11)		CAMTC DPH		<input type="checkbox"/> YES <input type="checkbox"/> No Permit
12)		CAMTC DPH		<input type="checkbox"/> YES <input type="checkbox"/> No Permit

PLEASE ATTACH ANOTHER PAGE IF THERE ARE MORE THAN TWELVE PRACTITIONERS AT THIS FACILITY.

HEALTH DEPARTMENT USE ONLY

Date Application Filed:		Health District:	3 4 5 Message OTHER
Date to Zoning:		Inspector:	Phone
Date from Zoning:		Supervisor's Initials:	Date:



Please submit to:
 CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH
 49 SOUTH VAN NESS AVENUE, STE. 600, San Francisco, CA 94103 - (415) 252-3800

Zoning Referral for Health Permit

1. Business Information

BUSINESS STREET ADDRESS:
NAME OF BUSINESS:

TOTAL SQUARE FOOTAGE OF AREA (includes storage and bathroom areas):	OUTDOOR SEATING AREA? <input type="checkbox"/> Yes <input type="checkbox"/> No	OUTDOOR FOOD/DRINK SERVICE? <input type="checkbox"/> Yes <input type="checkbox"/> No
WHAT FLOOR OF THE BUILDING WILL THE BUSINESS OCCUPY? <input type="checkbox"/> Ground (First) Level <input type="checkbox"/> Second Level <input type="checkbox"/> Third Level <input type="checkbox"/> Other Level: _____		

- 1a. Change of Use (depending of the zoning of the property, neighborhood notification may be required): Yes No
 If yes, what is the existing use? _____
- 1b. Change of business ownership? Yes No
 If not a change of ownership, then is it a new establishment? Yes No
- 1c. Is the establishment vacant? Yes No
 If yes, how long was the establishment vacant? _____
- 1d. Do you propose to alter the interior or exterior of the establishment? Yes No
 If yes, what is the Building Permit Application Number? _____
- 1e. Is the business a Formula Retail Chain or Franchise with 11 or more locations within the U.S.? Yes No
 If yes, a Formula Retail Affidavit is **required**. (Formula Retail - P.C. Sec. 301.1)
- 1f. Does this business sell alcoholic beverages? Yes No
 If yes, read page two for category restrictions.

2. Type of Operation, please check:

<input type="checkbox"/> Restaurant	<input type="checkbox"/> Limited Restaurant
<input type="checkbox"/> Bar	<input type="checkbox"/> General / Specialty Grocery
<input type="checkbox"/> Catering	<input type="checkbox"/> Cottage Food Operator
<input type="checkbox"/> Massage (if applicable, please select your type of massage business below)	
<input type="checkbox"/> Chair/Foot Massage Only	<input type="checkbox"/> Sole Practitioner Establishment
<input type="checkbox"/> Within a gym, hotel, or hospital	
<input type="checkbox"/> Other: _____	

- 2a. Accessory Use (business within another business)? Yes No **If yes, plans are required.**
- 2b. Days / Hours of Operation: _____

3. Applicant's Affidavit

NAME:	
	<input type="checkbox"/> Property Owner <input type="checkbox"/> Authorized Agent
MAILING ADDRESS: (STREET ADDRESS, CITY, STATE, ZIP)	
PHONE:	EMAIL:
()	

1. I am the owner or authorized agent of the owner of this property.
2. The information presented on this application is true and correct to the best of my knowledge.
3. Additional information or applications may be required in order to render this application complete.

Applicant's Signature: _____ Date: _____

PLANNING DEPARTMENT USE ONLY

BLOCK / LOT:	ZONING:	RUD / SUD:	LCU / NCU:
ZONING REFERRAL NUMBER:	OFFICIAL SITE ADDRESS (if different):		
BPA NUMBER:	312 NOTICE COMPLETE: <input type="checkbox"/> Yes <input type="checkbox"/> No	PRELIMINARY SCREENING? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CASE NO.:	MOTION NO.:	EFFECTIVE DATE:	CONDITIONS: <input type="checkbox"/> Yes <input type="checkbox"/> No
OTHER:			
ADDITIONAL DOCUMENTS REQUIRED:			
<input type="checkbox"/> SITE PLAN	<input type="checkbox"/> MESSAGE DOCS	<input type="checkbox"/> OTHER: _____	

RECOMMENDATION:	Per Planning Code Section:
<input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL	
CONDITIONS OF APPROVAL:	
COMMENTS:	
AUTHORIZATION:	
Signature: _____	Date: _____
Printed Name: _____	Phone: () _____

Restaurant ^{790.91}: A retail eating and/or drinking use which serves prepared, ready-to-eat cooked foods to customers for consumption on or off the premises and which has seating. It may have a Take-Out Food^{790.122} as a minor and incidental use. It may provide on-site alcohol sales for drinking on the premises (ABC Types 41, 47, 49, 59, or 75); however, if it does it is required to operate as a Bona Fide Eating Place^{790.142}. It is not required to operate within an enclosed building per Section 703.2(b)(1) so long as it is also a Mobile Food Facility^{102.34}. Any outdoor seating and/or dining area is subject to regulation as an Outdoor Activity Area.

Limited Restaurant ^{790.90}: A retail eating and/or drinking use which serves ready-to-eat foods and/or drinks to customers for consumption on or off the premises, that may or may not have seating. It may provide off-site beer and/or wine sales for consumption off the premises with an ABC Type 20 license within the accessory use limits of Section 703.2(b)(1)(C)(vi).

Bar ^{790.22}: A retail use which provides on-site alcoholic beverage sales for drinking on the premises. ABC License Types include: 42, 48, or 61 (no minors permitted on premises) and 42 or 60 (minors permitted on premises).

General Grocery ^{790.102(a)}: A retail food establishment that offers a diverse variety of unrelated, non-complementary food and non-food commodities. May provide beer, wine, and/or liquor sales for consumption off the premises with ABC Type 20 or 21 within the accessory use limits of Section 703.2(b)(1)(C)(vi). May prepare minor amounts or no food on-site for immediate consumption

Specialty Grocery ^{790.102(b)}: A retail food establishment that offers specialty food products, such as baked goods, pasta, cheese, confections, coffee, meat, seafood, produce, artisanal goods and other specialty food products, and may also offer additional complementary food and non-food commodities. May provide beer, wine, and/or liquor sales for consumption off the premises with ABC Type 20 or 21 within the accessory use limits of Section 703.2(b)(1)(C)(vi). May prepare minor amounts or no food on-site for immediate consumption.

Other may include: Massage Establishment ^{790.60}, **Tobacco Paraphernalia Establishment** ^{790.123}, **Medical Cannabis Dispensary** ^{790.141}, **Service, Personal** ^{790.116}, **Take-out Food** ^{790.122}

For more information regarding types of establishments, zoning, and Planning Code questions, you may go on-line to www.sfpplanning.org or contact the Planning Information Center (PIC) for more information:

Planning Information Center (PIC)
 1660 Mission Street, First Floor
 San Francisco CA 94103-2479
 TEL: **415.558.6377**



To: San Francisco Police Department
 Permits Unit
 1245 3rd Street, 5th Floor,
 San Francisco, CA 94158
 Phone: (415) 553-1115
 Email: sfpdpermits@sfgov.org
 By Appointment Only

Subject: **BACKGROUND CHECK AND CLEARANCE FOR MESSAGE APPLICANT**

We have received the following applicant's information for: Outcall Service
 General Massage Establishment
 Sole Practitioner Massage Establishment

Applicant's Name:		Date:	
Doing Business As (DBA):		BAN:	
Facility Address:			
Home Address:			
Phone Number:		E-Mail:	
Social Security #:		Place of Birth:	
Driver's License # (or ID #/Passport #):		Date of Birth:	
Eye Color:	Hair Color:	Height:	Weight:

*****DO NOT WRITE BELOW – FOR SFPD USE ONLY*****

SFPD, may we please have your recommendation in the space provided below.

Does the applicant qualify for First Year Free (FYF) YES NO

A preliminary criminal background query has indicated:

- In the previous 5 years, the applicant **has not been** convicted of any offenses outlined in San Francisco Health Code Sections 29.29(c)(4) & (5), 29.12.
- In the previous 5 years, the applicant **has been** convicted of one or more of the offenses outlined in San Francisco Health Code Sections 29.29(c) (4) & (5), 29.12.
- The applicant has **any** prior felony or misdemeanor convictions. San Francisco Health Code Sections 29.26(b)(6) and 29.11(b)(7). (List Below)

Prior Felony or Misdemeanors: _____

Reviewed by: _____
INSPECTOR (PRINT) STAR # SIGNATURE

Telephone no: _____ Date: _____

PLEASE EMAIL THIS FORM TO [SFPDPERMITS@SFGOV.ORG](mailto:sfpdpermits@sfgov.org) AND A SFPD STAFF WILL CONTACT YOU TO SCHEDULE YOUR APPOINTMENT. YOU MAY CONTACT THE SFPD PERMITS UNIT FOR THE CURRENT BACKGROUND CHECK FEE.