



Massage Operator's Permit

Development Services Department –
Planning Division
460 N. Euclid Avenue
Upland, CA 91786

Phone: (909) 931-4130
Fax: (909) 931-4321

The City of Upland wishes to facilitate the ethical practice of massage by the orderly regulation of massage operators in the interest of public health, safety, and welfare. As a result, massage establishment owners in the City of Upland are required to obtain a Massage Operator's Permit (MOP) and a City of Upland business license.

This information sheet was prepared to assist massage establishment owners to understand the permit and license requirements and is not intended to supersede any provisions in the Upland Municipal Code.

MESSAGE OPERATOR'S PERMIT (MOP)

Who is required to obtain a massage operator's permit?

Any establishment in a fixed place of business at which massage is performed for a fee and where massage is a primary use of service is required to obtain a massage establishment permit. Exemptions can be found in Upland Municipal Code Section 17.29 Massage Therapy.

How do I file an application for a Massage Operator's Permit?

In order to file an application for a Massage Operator's Permit, the business owner will need to provide all required information and documentation required on the application forms. The attached forms include:

- FORM NO. 1 General Application and Required Filing Requirements
- FORM NO. 2 Business Owner Information
- FORM NO. 3 Business Owner Previous Employment History
- FORM NO. 4 Massage Permit History
- FORM NO. 5 Other Businesses Owned by Business Owner
- FORM NO. 6 Employee Information
- FORM NO. 7 Live Scan How to and Application

How do I submit my application?

The applications can be returned to the front counter of the **City of Upland Planning Division, 460 N. Euclid Ave, Upland CA, 91786** during normal business hours (Monday – Thursday, 8:00 am – 5:00 pm, closed 12:00 pm – 1:00 pm for Lunch). Applications will not be accepted through the mail or through e-mail. Fees can be paid in cash (exact amount), personal check, credit card or Cashier's check. Live scan information shall be submitted to the City of Upland Police Department, 1499 W 13th Street, Upland CA 91786.

When will I receive my permit?

Generally, applications are approved, and permits are issued within 60-90 days from the date received, unless delayed by other factors that require additional review by the City of Upland. Please Contact the Upland Planning Division at (909) 931-4130 with any additional questions.



Massage Operator's Permit

Form No. 1 – General Application and Filing Requirements

Development Services Department –
Planning Division
460 N. Euclid Avenue
Upland, CA 91786
Phone: (909) 931-4130
Fax: (909) 931-4321

MESSAGE BUSINESS ADDRESS/LOCATION:

MESSAGE BUSINESS NAME:

AUTHORIZED REPRESENTATIVE NAME:

ADDRESS:

PHONE:

E-MAIL:

STAFF USE ONLY

FILE NO.: MOP –

RELATED FILES:

TYPE OF OWNERSHIP:

Individual Corporation Partnership

Other: _____

PROPERTY OWNER NAME:

ADDRESS:

PHONE:

E-MAIL:

STAFF USE ONLY

Assessor's Parcel No. (APN): _____

General Plan / Zoning Designation: _____

Existing Land Use: _____

APPLICANT CERTIFICATION

I hereby certify that the information provided is complete and that the facts, statements, and information presented are true and correct to the best of my knowledge and belief. I authorize the City and its agents and employees to seek verification of the application information provided.

Signature

Date

STAFF USE ONLY

DATE RECEIVED:	RECEIVED BY:	FEES:	RECEIPT NO.:	ASSIGNED PLANNER:

FILING REQUIREMENTS

General:

- All plans **must** be folded to approximately 8.5 x 11 inches.
- A digital copy of all applicable materials in JPEG and PDF format on a flash drive is required upon submission to the Planning Department.
- Color photographs of the interior and exterior of the site.

Massage Establishment Operator Permit:

- A letter describing the request in detail.
 - Provide hours of operation. The premises shall be open only between the hours of 7:00 am and 9:00 pm. Massage services shall be carried out and concluded in time to comply with the 9:00 pm closing time.
 - Provide a list of services available as approved pursuant to the application and the cost of such services which shall be posted in an open public place within the premises and shall be described in readily understandable language.
- A notarized letter identifying the authorized representative from the owner(s) is required if the business is owned by more than one person.
 - If the applicant is a corporation, the name of the corporation shall be set forth exactly as shown in its articles of incorporation or charter together with the state and date of incorporation and the names and residence addresses of each of its current officers, directors and each stockholder holding more than five percent of the stock of that corporation.
 - If the applicant is a partnership, the application shall set forth the name and residence address of each of the partners, including limited partners.
 - If the applicant is a limited partnership, it shall furnish a copy of its certificate of limited partnership filed with the Secretary of State. If one or more of the partners is a corporation, the provisions of the subsection pertaining to corporations shall apply.
- A notarized letter of authorization from the property owner(s) is required if the application is not being made by the property owner(s).
- A complete current list of the names and residence addresses of all proposed massage technicians (Please submit copies of all employee CAMTC License's with Photo ID), aides, trainees and other employees who are or will be employed in the massage establishment, if known. If not known at the time of submission of the application the applicant shall provide the required information, no later than ten calendar days prior to opening for business.
- The name and residence address of the proposed operator and manager who will be principally in charge of the operation of the massage establishment.
- A description of any other business operated on the same premises as the proposed massage establishment, or within the city or the state, which is owned or operated by the owner or operator.
- In the event the applicant is not the legal owner of the property, the application must be accompanied by a copy of the lease and notarized affidavit from the owner of the property acknowledging that a massage establishment will be located on his/her property.
- The complete business, occupation and employment history for eight years preceding the date of application, including, but not limited to, a massage establishment or similar type of business history and experience of the applicant.

- The complete massage permit history; whether such person has ever had any similar type of permit or license issued by any agency, board, city, county, territory or state; the date of issuance of such a permit or license, whether the permit or license has been or was ever denied, revoked or suspended; if a vocational or professional license or permit has been or was ever denied, revoked or suspended; if the applicant has ever been required to surrender a permit or license as a result of pending criminal charges or in lieu of said permit or license being suspended or revoked and the reason therefore.
- All criminal convictions, including pleas of nolo contendere, within the last ten years including those convictions dismissed or expunged pursuant to Penal Code section 1203.4, but excluding minor traffic violations, and the date and place of each such conviction and reason, therefore.
- A complete set of fingerprints taken by the Police Department. The applicant shall be responsible for payment of any fingerprinting fee.
- Two portrait photographs at least two inches by two inches in size taken within the last month.
- A certificate of compliance from any affected department or agency, including but not limited to the San Bernardino County Health Department must be submitted prior to the application's final approval.
- Any required inspection fees shall be received by the Chief of Police within ninety calendar days of the date of filing of the application (See Police Department fee below). If any land use permit or other entitlement for the use of the property as a massage establishment is required, such permit or use entitlement shall be obtained by the applicant prior to the massage establishment permit becoming effective.
- Every owner and operator shall also provide the following personal information:
 - The full, true name and aliases used.
 - Date and place of birth, valid picture identification, such as a California or other state driver's license, California or other state identification card, resident alien card, if applicable; and social security card or proof of authority to work in the United States.
 - The current residence address and residence telephone number and all previous residential addresses for a minimum of eight years immediately preceding the present address of the applicant and the dates of residence for each address.
 - Acceptable written proof that the owner and/or operator is at least eighteen years of age; and
 - Height, weight, gender and color of hair and eyes.

FILING FEES:

Massage Operator's Permit: \$1,590.00

*Per the amendment to the Master Fee Schedule in Resolution No. 6825 adopted by the City Council and effective on July 1, 2025. The applicant is responsible for all costs incurred by the City including supplies, equipment and the fully burdened rate of staff involved. A deposit may be required, as determined by the Development Services Director, for complex projects, negotiations, or the use of third-party vendors. These deposit fees are determined by third party vendor contracts, invoicing by contract employees and projects that are major or complex in nature, that exceed the billable staff rate to complete. The amount will be varied based on the scope of the project. Only the true cost is billed to the applicant and any overage in deposit is refunded after completion of the project.

PLANS & EXHIBITS CHECK LIST

The following Massage Establishment Design Standards shall be included on the illustrated plans and/or exhibits demonstrating that the facilities meet all of the following requirements:

- Signs shall be in conformance with Chapter 17.15 – Signs
- Minimum lighting shall be provided in accordance with the California Building Code or successor provision or provisions. In addition, at least one artificial light of not less than 60 watts shall be provided in each room or enclosure where massage services are performed on patrons. The lighting in each room or enclosure shall be activated and maintained in operation without interruption at all times while patron is in such room or enclosure.
- Adequate equipment for disinfecting and sterilizing instruments used in performing the acts of massage shall be readily available.
- Hot and cold running water shall be provided at all times.
- Closed cabinets with solid doors shall be provided for storage of clean linens.
- Adequate dressing, locker, and toilet facilities shall be provided to patrons. Dressing areas and lockers, that are capable of being locked, may be provided in enclosed massage therapy rooms; alternatively separate male and female dressing rooms with lockers that are capable of being locked, shall be provided.
- Restrooms shall be provided either as a single occupancy gender neutral restroom facility, or separate male and female restrooms shall be provided.
- A minimum of one separate washing basin for employees shall be provided at all times. The basin shall be separate from the public restrooms and located within or as close as practical to the area devoted to performing massage services. Sanitary towels shall also be provided at each basin.
- Massage tables or massage chairs of a type and nature used by professionals in this industry shall be utilized and each shall have, at minimum, a 2-inch thick foam pad covered with durable, washable plastic or other waterproof material. Beds, floor mattresses, and waterbeds are not permitted to be used.
- No massage establishment shall have installed or utilized any signaling devices of any type to alert employees and/or customers to the presence of law enforcement personnel.
- The receptionist's station shall be a designated area for greeting customers, contiguous to the customer lobby. If partitioned from the customer lobby, it shall have and maintain at all times, a clear, unobstructed opening, or an opening of clear unobstructed glass, at least thirty inches by thirty inches which allows unobstructed visibility between the customer lobby and the interior of the receptionist station.
- Submit copies of all employee CAMTC License's with Photo ID.
- All Businesses shall be inspected by the City of Upland Police Department. After application submittal, please call the Upland Police Department, Code Enforcement Division at (909) 931-4260.

Return completed application to:

**Upland Planning Division
460 N. Euclid Ave
Upland, CA 91786**



Massage Operator's Permit

Form No. 2 – Business Owner Information

Development Services Department –
Planning Division
460 N. Euclid Avenue
Upland, CA 91786
Phone: (909) 931-4130
Fax: (909) 931-4321

MESSAGE BUSINESS INFORMATION

STAFF USE ONLY	
FILE NO.: MOP –	-

Location/Address: _____

Business Name: _____

Business License No.: _____

OWNER(S) INFORMATION

Owner Name: First _____ M (Initial) _____ Last _____

Phone No.: _____ DOB: _____ Driver License/California ID No.: _____

Residential Address for the Past Eight Years:

_____	From: _____	To: _____
_____	From: _____	To: _____
_____	From: _____	To: _____
_____	From: _____	To: _____

Owner Name: First _____ M (Initial) _____ Last _____

Phone No.: _____ DOB: _____ Driver License/California ID No.: _____

Residential Address for the Past Eight Years:

_____	From: _____	To: _____
_____	From: _____	To: _____
_____	From: _____	To: _____
_____	From: _____	To: _____

Owner Name: First _____ M (Initial) _____ Last _____

Phone No.: _____ DOB: _____ Driver License/California ID No.: _____

Residential Address for the Past Eight Years:

_____	From: _____	To: _____
_____	From: _____	To: _____
_____	From: _____	To: _____
_____	From: _____	To: _____

Please print a second copy of this form or attach a separate page if you have additional business owner information to report. As requested above, include all the required details for each additional entry.



Massage Operator's Permit

Form No. 3 – Business Owner Previous Employment History

Development Services Department –
Planning Division
460 N. Euclid Avenue
Upland, CA 91786
Phone: (909) 931-4130
Fax: (909) 931-4321

MESSAGE BUSINESS INFORMATION

STAFF USE ONLY

FILE NO.:	
MOP –	-

Location/Address: _____

Business Name: _____

LIST OF PREVIOUS EMPLOYMENT FOR THE PAST EIGHT YEARS

Employer Name: _____ From: _____ To: _____
 Dates of Employment: _____ Phone No.: _____
 Employer Address: _____

Employer Name: _____ From: _____ To: _____
 Dates of Employment: _____ Phone No.: _____
 Employer Address: _____

Employer Name: _____ From: _____ To: _____
 Dates of Employment: _____ Phone No.: _____
 Employer Address: _____

Employer Name: _____ From: _____ To: _____
 Dates of Employment: _____ Phone No.: _____
 Employer Address: _____

Employer Name: _____ From: _____ To: _____
 Dates of Employment: _____ Phone No.: _____
 Employer Address: _____

Employer Name: _____ From: _____ To: _____
 Dates of Employment: _____ Phone No.: _____
 Employer Address: _____

Please print a second copy of this form or attach a separate page if you have additional employment history to report. As requested above, include all the required details for each additional entry.



Massage Operator's Permit

Form No. 4 – Massage Permit History

Development Services Department –
Planning Division
460 N. Euclid Avenue
Upland, CA 91786

Phone: (909) 931-4130
Fax: (909) 931-4321

MESSAGE BUSINESS INFORMATION

STAFF USE ONLY	
FILE NO.:	
MOP –	-

Location/Address: _____

Business Name: _____

LIST OF PREVIOUS OR CURRENTLY HELD MESSAGE PERMITS

Permit Holder Name: First _____ Last _____

Location/Address: _____

Permit Name: _____ Permit No.: _____

Date Issued: _____ Date Expired: _____

Has this permit ever been denied, revoked, or suspended? Yes No

If yes, provide a brief reason: _____

Permit Holder Name: First _____ Last _____

Location/Address: _____

Permit Name: _____ Permit No.: _____

Date Issued: _____ Date Expired: _____

Has this permit ever been denied, revoked, or suspended? Yes No

If yes, provide a brief reason: _____

Permit Holder Name: First _____ Last _____

Location/Address: _____

Permit Name: _____ Permit No.: _____

Date Issued: _____ Date Expired: _____

Has this permit ever been denied, revoked, or suspended? Yes No

If yes, provide a brief reason: _____

Please print a second copy of this form or attach a separate page if you have additional massage permit history to report. As requested above, include all the required details for each additional entry.



Massage Operator's Permit

Form No. 5 – Other Businesses Owned by Business Owner(s)

Development Services Department –
Planning Division
460 N. Euclid Avenue
Upland, CA 91786

Phone: (909) 931-4130
Fax: (909) 931-4321

MESSAGE BUSINESS INFORMATION

STAFF USE ONLY

FILE NO.:	
MOP –	-

Location/Address: _____

Business Name: _____

LIST OF OTHER BUSINESSES OWNED OR OPERATED BY MESSAGE OPERATOR

Business Name: _____ From: _____ To: _____

Phone Number: _____ Type of Business: _____

Business Owner Name: _____

Ownership Type: Individual LLC Corp. Inc. Other: _____

Business Address: _____

Business Name: _____ From: _____ To: _____

Phone Number: _____ Type of Business: _____

Business Owner Name: _____

Ownership Type: Individual LLC Corp. Inc. Other: _____

Business Address: _____

Business Name: _____ From: _____ To: _____

Phone Number: _____ Type of Business: _____

Business Owner Name: _____

Ownership Type: Individual LLC Corp. Inc. Other: _____

Business Address: _____

Business Name: _____ From: _____ To: _____

Phone Number: _____ Type of Business: _____

Business Owner Name: _____

Ownership Type: Individual LLC Corp. Inc. Other: _____

Business Address: _____

Please print a second copy of this form or attach a separate page if you have additional owned businesses to report. As requested above, include all the required details for each additional entry.



Massage Operator's Permit

Form No. 6 – Employee Information

Development Services Department –
 Planning Division
 460 N. Euclid Avenue
 Upland, CA 91786
 Phone: (909) 931-4130
 Fax: (909) 931-4321

MESSAGE BUSINESS INFORMATION

STAFF USE ONLY	
FILE NO.: MOP –	–

Location/Address: _____

Business Name: _____

LIST INFORMATION FOR ALL EMPLOYEES

Employee Name: First _____ Last _____
 Phone Number: _____ Driver's License or California ID No.: _____
 Employment Type: Massage Technician Aid Trainee Other: _____
 CAMTC ID No.: _____ Expiration Date: _____
 Residential Address: _____

Employee Name: First _____ Last _____
 Phone Number: _____ Driver's License or California ID No.: _____
 Employment Type: Massage Technician Aid Trainee Other: _____
 CAMTC ID No.: _____ Expiration Date: _____
 Residential Address: _____

Employee Name: First _____ Last _____
 Phone Number: _____ Driver's License or California ID No.: _____
 Employment Type: Massage Technician Aid Trainee Other: _____
 CAMTC ID No.: _____ Expiration Date: _____
 Residential Address: _____

Employee Name: First _____ Last _____
 Phone Number: _____ Driver's License or California ID No.: _____
 Employment Type: Massage Technician Aid Trainee Other: _____
 CAMTC ID No.: _____ Expiration Date: _____
 Residential Address: _____

****Attach copies of CAMTC License with Photo ID to this page****

Please print a second copy of this form or attach a separate page if you have additional employee information to report. As requested above, include all the required details for each additional entry.



Massage Operator's Permit

Form No. 7 – Live Scan Process

Development Services Department –
Planning Division
460 N. Euclid Avenue
Upland, CA 91786

Phone: (909) 931-4130
Fax: (909) 931-4321

WHO MUST GET A LIVE SCAN

You are requested to complete a Live Scan if you are an employee, or owner or operator of a business conducting massage. Massage Technicians with a valid and current California Massage Therapy Council Certification have already completed a Live Scan with the State and are therefore exempt from this requirement.

** Please be aware that the applicant is responsible for the Live Scan Fee. Please contact the City of Upland Police Department for more information.*

DIRECTIONS

- STEP 1:** See attached Live Scan form.
- STEP 2:** Fill Out the “Applicant Information” section only.
- STEP 3:** Schedule an appointment with the Upland Police Department.
- STEP 4:** Once the Live Scan has been completed, please provide a copy of the receipt to the Planning Division.

CONTACT US

City of Upland – Planning Division
460 N. Euclid Avenue
Upland, CA 91786

Phone: (909) 931-4130

Counter Hours:
Monday – Thursday, 8:00a.m. – 5:30 p.m.
Closed 12:00 pm – 1:00 pm

City of Upland Police Department - Code Enforcement Division
1499 W 13th Street
Upland, CA 91786

Phone: (909) 946-7624

Counter Hours:
Monday – Friday, 8:00 a.m. – 5:00 p.m.
(Must make an appointment to meet with the Officer)

Return completed Live Scan Form to:
City of Upland Police Department
1499 W. 13th Street
Upland, CA 91786