



# MASSAGE PARLOR (ESTABLISHMENT) BUSINESS LICENSE APPLICATION

Community Safety Department  
8300 Santa Monica Boulevard  
West Hollywood, CA 90069  
(323) 848-6437 | [Code@weho.org](mailto:Code@weho.org)

**5.08.010 BUSINESSES REQUIRED TO BE LICENSED.** No person shall commence, conduct or purport to commence or conduct the following business activities without a valid business license:

21. Massage parlors and technicians

**MASSAGE PARLOR (ESTABLISHMENT) IS DEFINED AS:** *shall mean any establishment having a fixed place of business which provides or attempts to provide massages, or health treatments involving massage, including any school of massage which performs any such activity to any member of the public for any form of consideration or gratuity..*

Prior to submitting this application, please ensure all items listed below are included with your application. *Failure to submit the required information listed below will deem your application as an incomplete and WILL NOT be accepted/processed.*

## CHECKLIST

1. COMPLETE APPLICATION
2. LASD BACKGROUND INFORMATION SHEET
3. LIVE SCAN FINGERPRINT FORM
4. COPIES OF ALL CERTIFICATES ISSUED BY THE CALIFORNIA MASSAGE THERAPY COUNCIL
5. (2) PASSPORT PHOTOS
6. VALID CALIFORNIA ID OR CA. DRIVER'S LICENSE (**ONLY**)
7. AGENCY SIGN-OFFS
8. APPLICATION FEE - \$300.00

**NOTE:** Please email this application and all supporting documents requested on the above-mentioned checklist, to [code@weho.org](mailto:code@weho.org). Your application will be reviewed, and once deemed complete, an invoice will be sent via email.

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**FOR INTERNAL USE ONLY**

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_



# BUSINESS LICENSE APPLICATION

Community Safety Department  
8300 Santa Monica Boulevard  
West Hollywood, CA 90069  
(323) 848-6437 | [Code@weho.org](mailto:Code@weho.org)

## 1. Applicant Information

Applicant Name

Address

Relationship to Business

e-mail

Phone #

## 2. Business Information

Please list the business name and true address and mailing address (if different). The business address may not be a P.O. Box, mailbox, message service or similar device.

Business Name &  
DBA

Business Address  
(WeHo location  
of operations)

Operating Hours

email

Phone #

Mailing Address (if different):

Business Activity

## 3. Ownership Information

LLC | SOLE | PARTNERSHIP | CORPORATION | OTHER

Federal Tax I.D.#:

State Tax I.D.#:

Please complete the following information for all partners, directors of a corporation and stockholders holding ten (10%) or more of the shares of the corporation. Also list information regarding an officer who is duly authorized to accept service of legal process.

Name

Title or Relationship  
to Business

Address

Email

Phone #

Name

Title or Relationship  
to Business

Address

Email

Phone #

**Previous License and Criminal Information:**

Have you or any of the other officers of the partnership or corporation been licensed before? Yes No

Have you or any of the officers of the partnership or corporation ever had a business license revoked? Yes No

Have you or any of the officers of the partnership or corporation ever been convicted of a criminal offense, other than a traffic violation? Yes No

If you answer "yes" to any of the above questions, please explain:

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**4. Emergency Contact Information**

Please provide the following information of two individuals who may be contacted by the City in the case of an emergency.

Name:

Title or Relationship to Business:  Phone:  E-mail:

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Name:

Title or Relationship to Business:  Phone:  E-mail:

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**\*\* ALL APPLICANTS MUST PROVIDE A COPY OF A CURRENT CALIFORNIA DRIVERS LICENSE OR COMPARABLE PHOTOGRAPH IDENTIFICATION.\*\***

If the license is granted, I/We agree to comply with all the laws, state and federal, pertaining to the conduct of said business and to all the ordinances, rules and regulations of the City of west Hollywood. I declare under penalty of perjury that the above statements are true and correct.

In addition, I agree to advise the City of West Hollywood of any and all changes in the operations of the business in that such changes of the application form are necessitated.

The failure to truthfully complete this application may result in the denial of the application or a revocation of any licenses issued.

Applicant Signature:  Date:

Applicant Name:

LOS ANGELES COUNTY SHERIFF'S DEPARTMENT  
BACKGROUND INFORMATION

2

APPLICANT NAME \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS BELOW AND PROVIDE A DETAILED EXPLANATION TO ALL QUESTIONS MARKED "YES."

**1. HAVE YOU OR YOUR SPOUSE EVER HAD AN OWNERSHIP INTEREST IN A SIMILAR TYPE BUSINESS?**

NO  YES \*PLEASE EXPLAIN (INCLUDE DATES, BUSINESS NAMES, AND ADDRESSES. PROVIDE SPOUSE'S FULL NAME)

\_\_\_\_\_  
\_\_\_\_\_

**2. HAVE YOU EVER BEEN CONVICTED OF ANY CRIME AS A RESULT OF AN ARREST, CITATION OR CRIMINAL COMPLAINT?** (ALL CASES RESULTING IN REDUCED CHARGES OR DISMISSAL UNDER AUTHORITY OF 1203.4 P.C. OR 1385 P.C. MUST BE DISCLOSED)

NO  YES \*PLEASE EXPLAIN

\_\_\_\_\_  
\_\_\_\_\_

**3. DO YOU HAVE ANY ARRESTS, CITATIONS OR COURT CASES PENDING DISPOSITION?**

NO  YES \*PLEASE EXPLAIN

\_\_\_\_\_  
\_\_\_\_\_

**4. DO YOU CURRENTLY HAVE OR FORMERLY HAD A LICENSE TO CONDUCT BUSINESS?** (CHECK ALL THAT APPLY)

BUSINESS LICENSE # \_\_\_\_\_  
 STATE LICENSE # \_\_\_\_\_  
 FEDERAL LICENSE # \_\_\_\_\_

(INCLUDE ISSUING AGENCY, TYPE OF BUSINESS, BUSINESS NAME AND ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_

**5. HAVE YOU EVER HAD A BUSINESS LICENSE, STATE, AND/OR FEDERAL LICENSE OR CERTIFICATE SUSPENDED, REVOKED AND/OR DENIED?**

NO  YES \*PLEASE EXPLAIN (INCLUDE TYPE OF LICENSE/CERTIFICATE NUMBER, DATE, AND REASON)

\_\_\_\_\_  
\_\_\_\_\_

I HAVE ANSWERED EVERY QUESTION COMPLETELY AND TRUTHFULLY. I UNDERSTAND THAT ANY INCOMPLETENESS, FALSIFICATION, OR MISREPRESENTATION OF ANY INFORMATION PROVIDED MAY RESULT IN THE DENIAL OF THIS APPLICATION OR REVOCATION OF THE BUSINESS LICENSE.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



**REQUEST FOR LIVE SCAN SERVICE**

***Applicant Submission***

CA0190094

LICENSE CERTIFICATION PERMIT

ORI (Code assigned by DOJ)

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

**Contributing Agency Information:**

LASD/MAJOR CRIMES BUREAU/LICENSING DETAIL

07253

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

115815 SOUTH COLIMA ROAD, ROOM C-111

MICHELLE HAUSER

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

WHITTIER

CA 90604

(562) 946-7230

City

State ZIP Code

Contact Telephone Number

**Applicant Information:**

Last Name

First Name

Middle Initial

Suffix

Other Name

(AKA or Alias) Last

First

Suffix

Date of Birth

Sex  Male  Female

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing Number

(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc. Number

(Other Identification Number)

Home Address

Street Address or P.O. Box

City

State

ZIP Code

Your Number:

OCA Number (Agency Identifying Number)

Level of Service:

DOJ

FBI

If re-submission, list original ATI number:

(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City

State

ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed

# MASSAGE ESTABLISHMENT AGENCY APPROVALS

Failure to obtain the required agency approvals listed below will result in your application being deemed incomplete and will not be accepted/processed. Please contact each agency for appointment.

## BUSINESS NAME

## ADDRESS

### **PLANNING**

CITY OF WEST HOLLYWOOD  
8300 SANTA MONICA BLVD., 2<sup>nd</sup> FL  
WEST HOLLYWOOD, CA 90069

**CONTACT: PLANNER-ON-DUTY**  
**(323) 848-6475 | [PLANNING@WEHO.ORG](mailto:PLANNING@WEHO.ORG)**  
**HOURS: M – TH 8 AM - 6 PM**  
**FRI, 8 AM - 5 PM**

APPROVED BY (PLEASE PRINT)

DATE

SIGNATURE

**COMMENTS/CONDITIONS:**

**MUST REQUEST AN INSPECTION FOR "BUSINESS LICENSING"**

### **BUILDING & SAFETY**

(On-Site Inspection)  
CITY OF WEST HOLLYWOOD  
8300 SANTA MONICA BLVD. 2<sup>nd</sup> FL  
WEST HOLLYWOOD, CA 90069

**CONTACT: INSPECTION LINE**  
**(323) 848-6320 | [BUILDING@WEHO.ORG](mailto:BUILDING@WEHO.ORG)**  
**HOURS: M-TH 8 AM - 6 PM**  
**FRI, 8 AM - 5 PM**

APPROVED BY (PLEASE PRINT)

DATE

SIGNATURE

**COMMENTS/CONDITIONS:**

**MUST REQUEST AN INSPECTION FOR "BUSINESS LICENSING"**

### **FIRE PREVENTION, STATION 7**

(ON-SITE INSPECTION REQUIRED)  
864 N. SAN VICENTE BLVD.  
WEST HOLLYWOOD, CA 90069

**CONTACT: (310) 358-2380**  
**HOURS: M-F, 8 AM - 10 AM ONLY**

APPROVED BY (PLEASE PRINT)

DATE

SIGNATURE

**COMMENTS/CONDITIONS:**

**MESSAGE ESTABLISHMENT AGENCY APPROVALS continued...**

**BUSINESS NAME**

**ADDRESS**

**FINANCE (TAX CERTIFICATE)**

CITY OF WEST HOLLYWOOD  
8300 SANTA MONICA BLVD., 1<sup>st</sup> FL  
WEST HOLLYWOOD, CA 90069

**CONTACT: LAURA D'AMBROSIA**  
**(323) 848-6319 | [LDAMBROSIA@WEHO.ORG](mailto:LDAMBROSIA@WEHO.ORG)**

**HOURS: M – TH, 8 AM - 6 PM**  
**FRI, 8 AM – 5 PM**

APPROVED BY (PLEASE PRINT)

DATE

SIGNATURE

**COMMENTS/CONDITIONS:**

**\*\*\*\*\*FOR INTERNAL USE ONLY\*\*\*\*\***

**CODE ENFORCEMENT**

CITY OF WEST HOLLYWOOD  
8300 SANTA MONICA BLVD., 2<sup>nd</sup> FL  
WEST HOLLYWOOD, CA 90069

**(323) 848-6437 | [CODE@WEHO.ORG](mailto:CODE@WEHO.ORG)**

APPROVED BY (PLEASE PRINT)

DATE

SIGNATURE

**COMMENTS/CONDITIONS:**

**NOTE**

**SUBMITTAL OF THIS BUSINESS LICENSE APPLICATION DOES NOT AUTHORIZE THE COMMENCEMENT OF BUSINESS OPERATIONS AS THE LIVELINE RESULTS AND APPLICATION WILL BE VETTED THROUGH LASD/MAJOR CRIMES BUREAU/LICENSING DETAIL. IF APPROVED, A BUSINESS LICENSE CERTIFICATE WILL BE ISSUED.**

**APPROVAL OF LICENSE IS CONTINGENT TO LASD APPROVAL.**