



# Massage Technician License Packet

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**Riverside County Sheriff  
Special Investigations Bureau  
P.O. Box 1267  
Riverside, CA 92502  
(951) 955-1700**

## **MASSAGE TECHNICIAN/BUSINESS LICENSE REQUIREMENTS**

The following information has been established for those persons applying for a Massage Technician/Business License for Riverside County. Enclosed you will find Riverside County Ordinance 596, Regulating Massage and the initial massage application.

1. Complete application thoroughly in **BLACK/BLUE INK OR TYPEWRITTEN**.
2. For **Massage Technician Applicants**, provide proof of training (certificates and transcripts) in excess of 100 hours from a school approved by the California Board for Private Post-Secondary and Vocation Education (a list of schools can be found at [www.bppve.ca.gov](http://www.bppve.ca.gov)), or any out-of-state school of massage accredited with the state where the school is located. \*Business Owner Applicants - Include all above information for yourself and any employees who will be conducting massages in your business. If you or your employees do not have a Massage Technician License, he/she will need to apply with this office or California Massage Therapy Council.
3. For Massage Technician Applicants, proof of a current TB skin test or chest x-ray is required to be submitted (TEST RESULTS CANNOT BE MORE THAN 6 MONTHS OLD.)
4. Two (2) color passport photos – no other type of photos will be accepted.
5. Applicants must show proof they are lawfully in the United States and have a valid permit to work in the U.S. Showing evidence of a birth certificate, valid Authorization to Work Permit, or Certificate of Citizenship is acceptable.
6. Release and Waiver – fill out and sign.
7. **Fees:** Massage Technician – \$224.00  
Business License – \$595.00

**These fees include Live Scan, conducted at time of interview. These fees are non-refundable.** Fees are payable to Riverside County Sheriff's Department, by money order or certified cashiers check. **\*No personal checks, credit cards, or cash are accepted.**

Once you have completed all requirements as outlined above, send in completed application, copies of your documents, and fees to:

Riverside Sheriff's Department MCB / SIB-West,  
Atten.: Licensing  
P.O. Box 1267, Riverside, CA 92502.

You will be contacted to schedule an appointment for an interview and Live Scan. You will need to bring all listed original documents. All paperwork must be in order at the time of this interview. If you have any questions, you can call Licensing at 951.955.1708 or email: [Licensing@riversidesheriff.org](mailto:Licensing@riversidesheriff.org)

# NEW MASSAGE TECHNICIAN REQUIREMENTS

Please include the following with your application:

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- Completed Application \_\_\_\_\_
- 2 Color Passport photos \_\_\_\_\_
- Fee - (Non-refundable)  
New Massage Technician \$224  
(Cashier's check or Money order) \_\_\_\_\_
- Diploma and Transcript Copy\* \_\_\_\_\_
- Legal Residence/ US Citizenship\* \_\_\_\_\_
- Drivers License Copy\* \_\_\_\_\_
- TB Skin Test Results \_\_\_\_\_

*\*Please bring originals to Live Scan appointment*



# RIVERSIDE COUNTY SHERIFF'S DEPARTMENT

CHAD BIANCO, SHERIFF-CORONER

## RELEASE AND WAIVER

TO WHOM IT MAY CONCERN:

Having made application for licensing / permits with the Riverside County Sheriff's Department, and desiring it to be informed as to my previous record and character, I hereby authorize any peace officer or other authorized representative of the Riverside County Sheriff's Department, bearing this release, or a copy of it, within one year of its date, to obtain any information in your files pertaining to my employment and criminal history information; including but not limited to, academic, achievement, personal history, performance report, criminal justice reports / records, court records, copies of law enforcement reports, including those deemed to be confidential and / or sealed.

I hereby direct you to release this information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Riverside County Sheriff's Department.

Consent is granted for the Riverside County Sheriff's Department to furnish the information described above to third parties in the course of fulfilling its official responsibilities. I further understand that I waive any right or opportunity to read or review any background investigation report prepared by the Riverside County Sheriff's Department.

I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, hospital or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel both individually and collectively, from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

**I understand that I have the right to receive a copy of this authorization and acknowledge that I have received a copy of it.**

FULL NAME \_\_\_\_\_  
Print

FULL NAME \_\_\_\_\_  
Signature

DATE \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_  
Street Apt/Unit City Zip

TELEPHONE NUMBERS \_\_\_\_\_  
Daytime Evening

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

WITNESS SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

**RIVERSIDE COUNTY SHERIFF'S DEPARTMENT  
APPLICATION FOR MASSAGE BUSINESS/TECHNICIAN LICENSE**

P.O. Box 1267  
Riverside, California 92502

- APPLICATION FOR MASSAGE TECHNICIAN - \$224.00  
 APPLICATION FOR MASSAGE BUSINESS LICENSE- \$595.00

**APPLICANTS MUST ANSWER ALL QUESTIONS FOR BACKGROUND INVESTIGATION**

**EMPLOYER** (Name of Massage Business)

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Receipt No. _____ File No. _____  DEPARTMENT USE ONLY
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**PERSONAL**

The following information is required of you for verification and contact purposes:

Name (Please print or type)				
Last		First		Middle
Other names (including nicknames) you have used or been known by				
Address at which you can be contacted				
Number	Street	City	State	Zip
Local phone number(s) at which you can be contacted				
( ) _____ Hrs. you can be contacted _____		( ) _____ Hrs. you can be contacted _____		
Birthdate	U.S. Citizenship is not required. However, proof is required that you are a legal resident in this Country. Can you provide such documentation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Month Day Year				
Social Security Number	In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The Social Security Number will be used for identification purposes to ensure that proper records are obtained.			
For purposes of identification, please provide the following:				
Height	Weight	Hair Color	Eye Color	
Scars, tattoos, or other distinguishing marks				

**EXPERIENCE AND EMPLOYMENT**

Beginning with your most current employment, please list all jobs (including part-time, temporary, and voluntary positions) you have held in the past 10 years. (For purposes of this personal history statement, voluntary work should be included as employment). For identification and verification, please indicate the nature of the activity, i.e., full-time or voluntary. If you have had intervening periods of military service or unemployment, please list those periods in sequence in the space provided.

Dates of employment	Name and address of employer	Name of Supervisor
From Mo. Yr.                      To Mo. Yr. ____/____                      ____/____  <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Telephone number of employer ( )  Titles or duties (for identification purposes)	Name(s) of co-worker(s)
Reason for leaving		

## EXPERIENCE AND EMPLOYMENT - continued

Dates of employment	Name and address of employer	Name of Supervisor
From Mo. Yr.                      To Mo. Yr. ____/____                      ____/____  <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary		
	Telephone number of employer (    )	Name(s) of co-worker(s)
	Titles or duties (for identification purposes)	
Reason for leaving		

Dates of employment	Name and address of employer	Name of Supervisor
From Mo. Yr.                      To Mo. Yr. ____/____                      ____/____  <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary		
	Telephone number of employer (    )	Name(s) of co-worker(s)
	Titles or duties (for identification purposes)	
Reason for leaving		

Dates of employment	Name and address of employer	Name of Supervisor
From Mo. Yr.                      To Mo. Yr. ____/____                      ____/____  <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary		
	Telephone number of employer (    )	Name(s) of co-worker(s)
	Titles or duties (for identification purposes)	
Reason for leaving		

Dates of employment	Name and address of employer	Name of Supervisor
From Mo. Yr.                      To Mo. Yr. ____/____                      ____/____  <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary		
	Telephone number of employer (    )	Name(s) of co-worker(s)
	Titles or duties (for identification purposes)	
Reason for leaving		

Dates of employment	Name and address of employer	Name of Supervisor
From Mo. Yr.                      To Mo. Yr. ____/____                      ____/____  <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary		
	Telephone number of employer (    )	Name(s) of co-worker(s)
	Titles or duties (for identification purposes)	
Reason for leaving		

**EDUCATION**

Please indicate below all the schools you have attended beginning with high school. During the background investigation, persons who have known you in a learning environment will be contacted. A review of your school records may be made in conjunction with those contacts.

Name of School	Location of School (City and State)	Dates Attended		School References (teachers, counselors, etc.)
		From	To	

Have you ever been suspended or expelled from any high school or post-secondary school? (Post-secondary schools include colleges and universities, graduate schools, business and vocational schools – any formal education beyond the high school level.)

Yes     No    If “yes,” please explain (include school, date, and circumstances). \_\_\_\_\_

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**RELATIVES, REFERENCES, & ACQUAINTANCES**

In the space below, list 3-5 individuals as references who have knowledge of you and your qualifications.

Name	Address where person can be contacted (Include City, State and Zip Code)	Telephone at which person can be contacted
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other

List any training in first aid, medical experience, certificate(s) or card(s) held.

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**RESIDENCE**

List all residences during the last 10 years (list no information prior to your 15<sup>th</sup> birthday). Begin with your most current residence.

Address of Residence	City, State & Zip Code	Dates		If rented, give name & address of person responsible for the collection of rent.
		From	To	

**MOTOR VEHICLE OPERATION**

California driver license number		Expiration Date	
Name under which license was granted			
List other states where you have been licensed to operate a motor vehicle			
State	State	State	State
Name under which license was granted.	Name under which license was granted.	Name under which license was granted.	Name under which license was granted.
Have you ever been refused a driver license by any state? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "yes," please explain (include, when, where, and why).	



Have you ever been detained, held, arrested, indicted, or summoned into court as a defendant in a criminal proceeding; or convicted, fined, imprisoned, or placed on probation; or have you ever been ordered to deposit bail or collateral for the violation of any law, police regulation or ordinance (excluding minor traffic violations for which fine of \$25.00 or less was imposed)?  Yes  No

If "yes," list the date, nature of the offense or violation, name and location of court or place of hearing, and penalty imposed or disposition of each case. (If necessary, add separate sheet).

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Are you now or have you ever been addicted to the use of habit forming drugs or narcotics (e.g., barbiturates, heroin, etc.)?  Yes  No Have you attempted suicide by any drug or narcotic?  Yes  No

If "yes" to either of the foregoing, please explain: \_\_\_\_\_

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**BEFORE SIGNING THIS APPLICATION, EXAMINE EVERY ITEM TO MAKE SURE YOUR ANSWERS ARE BOTH COMPLETE AND ACCURATE. THE NECESSARY INVESTIGATION WILL THEREBY BE EXPEDITED. INTENTIONAL FALSE STATEMENTS WILL BE GROUNDS FOR DENIAL OR REVOCATION.**

I have read, I am familiar with, and I understand the provisions of Riverside County Ordinance No. 596 and its rules and regulations. If this application is approved, I agree to abide by such provisions and any revisions that might be passed according to law.

*I hereby certify under penalty of perjury, a felony, that all entries made by me or under my direction in this application are true, complete, and correct to the best of my knowledge.*

Signature \_\_\_\_\_

Executed on \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_

CHAD BIANCO, SHERIFF - CORONER  
COUNTY OF RIVERSIDE

\_\_\_\_\_  
Lieutenant

**RIVERSIDE COUNTY SHERIFF'S DEPARTMENT  
 MESSAGE PERMIT  
 HEALTH CERTIFICATION**

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 \_\_\_\_\_

The individual named above is an applicant for a Massage Technician Permit and is required to be examined by a Physician to insure the applicant is free of any communicable diseases that may be transmitted to the patrons of the business establishment. Please complete the information requested below.

TB Test		
Date Administered		
Date Read		
Results	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative

If evidence of communicable disease(s), please explain on back of this form.

\_\_\_\_\_  
 Physician Name Printed

\_\_\_\_\_  
 Physician Business Address

\_\_\_\_\_  
 Physician Signature

\_\_\_\_\_  
 City, State, & Zip

\_\_\_\_\_  
 Physician's License Number

\_\_\_\_\_  
 Date Test Completed

I, \_\_\_\_\_, authorize the release of this information to the  
 Licensing Agency, Riverside County Sheriff's Department.

For TB Test if you do not have a primary care physician

## RIVERSIDE COUNTY FAMILY CARE CENTERS

TO SCHEDULE YOUR APPOINTMENT, CALL OUR TOLL FREE NUMBER.

**1-800-720-9553**

### LOCATIONS:

Banning Family Care Ctr. 3055 West Ramsey, /Banning	951-849-6794
Corona Family Care Ctr. 505 South Buena Vista Ave. Corona	951-272-5445
Hemet Family Care Ctr. 880 N. State St., Hemet	951-766-2450
Indio Family Care Ctr. 47-923 Oasis St., Rm. 1-CL, Indio	760-863-8283
Jurupa Family Care Ctr. 9415 Mission Blvd., Jurupa	951-360-8795
Lake Elsinore Family Care Ctr. 2499 E. Lakeshore Dr., Ste.B, Lake Elsinore	951-471-4200
Neighborhood Health Ctr. Urgent Care Clinic 7140 Indiana Ave., Riverside	951-358-6000 951-358-6035
Palm Springs Family Care Ctr. 3111 E. Tahquitz Cyn. Way, Palm Springs	760-778-2210
Perris Family Care Ctr. 237 North D. St., Perris	951-940-6700
Rubidoux Family Care Ctr. 5256 Mission Blvd., Riverside c	951-955-0840
Blythe Family Health Clinic 321 W. Hobsonway., Ste. C., Blythe	760-922-4981
Mecca Family Health Clinic 91275 66 <sup>th</sup> Avenue, Ste. 500, Mecca	760-396-1249
Temecula Neighborhood Healthcare 41002 County Center Drive, Bldg B, Temecula	951-600-6300

**ORDINANCE NO. 596**  
**(AS AMENDED THROUGH 596.2)**  
**AN ORDINANCE OF THE COUNTY OF RIVERSIDE AMENDING**  
**ORDINANCE NO. 596 REGULATING MASSAGE**

The Board of Supervisors of the County of Riverside, State of California, do ordain as follows:

**Section 1. DEFINITIONS.** Whenever, in this ordinance, the following terms are used, they shall have the meaning ascribed to them in this section unless it is apparent from the context thereof that some other meaning is intended.

- a. **"Health Officer"** means the Director of the Health Department of the County of Riverside, or his Designated representative.
- b. **"Massage"** means pressure on, friction against, stroking and kneading the body by manual or mechanical means, with or without appliances such as vibrators, infrared heat, sun lamps and external baths, for the purpose of maintaining good health and establishing and maintaining good physical condition.
- c. **"Massage Business"** means the operation of an establishment where massage is given.
- d. **"Massage Technician"** means any person who, for consideration, gives or administers to another person a massage.
- e. **"Panel"** means the Massage Examining Panel of the County of Riverside.
- f. **"Person"** means any individual, firm, partnership, joint venture, corporation, association, club or organization.
- g. **"Practice of Massage"** means the performance of massage for compensation, either as the owner of or as an employee of a massage business, either at or away from the place of business.
- h. **"Sheriff"** means the Sheriff of the County of Riverside, or his designated representative.

**Section 2. CONDUCT OF MASSAGE BUSINESS OR PRACTICE OF MASSAGE WITHOUT A LICENSE PROHIBITED.** No person:

- a. Shall conduct a massage business in the unincorporated area of the County unless such person is 18 years of age or older and possesses a valid massage business license.
- b. Shall engage in or hold himself or herself out as engaged in the practice of massage in the unincorporated area of the County unless such person is 18 years of age or older and possesses a valid massage technician license. The possession of a valid massage business license does not allow the holder thereof to engage in the practice of massage.
- c. Who is the owner, operator, responsible managing employee or manager of a massage business, shall employ or permit any individual to engage in the practice of massage unless such individual is 18 years of age or older and possesses a valid

massage technician license.

**Section 3. EXEMPTIONS.** The provisions of this ordinance shall not apply to:

- a. Persons licensed under the Business and Professions Code, or an initiative act, to do any acts included in the definition of massage or persons working under the licentiate's orders, direction and supervision in the manner set forth in said code or initiative act.
- b. Trainers for any amateur, semi-professional or professional athlete or athletic team or school athletic program.

**Section 4. MESSAGE BUSINESS--OPERATING REQUIREMENTS.** A massage business shall meet the following minimum requirements:

- a. Conduct, or otherwise operate, a massage business only between the hours of 7:00 a.m. & 12:00 midnight.
- b. Post a list of services available, described in readily understandable language, and the cost of such services in a conspicuous place on the premises in which the massage business is located.
- c. Display the massage business license, and a copy of the license of each massage technician therein, in a conspicuous place in the premises in which the massage business is located.
- d. Maintain a record which includes the date and time of each massage, the name and address of the patron, the name of the person administering such massage and the type of massage given. Such records shall be made available, upon request, for inspection by the Sheriff. The information contained in such records shall be confidential.
- e. Provide a minimum of one (1) bathtub or shower, and one (1) toilet and wash basin facilities for the patrons; provided, however, if male and female patrons are to be served simultaneously, separate facilities shall be provided for such patrons. Where steam rooms or sauna baths are provided and male and female patrons are to be served simultaneously, separate steam rooms or sauna baths shall be provided for such patrons. Hot and cold running water under pressure from a potable source shall be provided to all wash basins, bathtubs, showers and similar facilities. Each water basin shall be provided with soap or detergent and single service towels placed in permanently installed dispensers. A trash receptacle shall be provided in each room where such facilities are located. In addition to the wash basin provided for patrons, a minimum of one (1) separate wash basin shall be located within or as close as practicable to each area in which massages are administered.
- f. Maintain lighting intensity of not less than seventy (70) foot candle power at floor level in any room or enclosure in all public rooms, hallways and within each room or enclosure where massages are administered.
- g. Maintain walls, ceilings, floors, pools, showers, bathtubs, water basins, toilets, wet and dry heat rooms, steam or vapor rooms and cabinets and all other facilities in good repair and in a clean and sanitary condition. Showers, water basins, toilets, wet and dry heat

rooms, steam or vapor rooms, and cabinets and compartments shall be thoroughly cleaned at least once each day the massage business is in operation. Bathtubs shall be thoroughly cleaned after each use.

- h. Provide clean and sanitary towels, sheets and linens for each patron. No common usage of towels, sheets and linens shall be permitted. Towels, sheets and linens shall be provided in sufficient quantity and shall not be used by more than one (1) person unless such towels, sheets and linens have been relaundered. Heavy white paper may be substituted for sheets; provided, however, that such paper is used only for one (1) person and then discarded into a sanitary receptacle. Separate closed cabinets or containers shall be provided for the storage of clean and soiled towels, sheets and linens, and such cabinets or containers shall be plainly marked: "clean linen" and "soiled linen."
- i. Provide disinfecting agents and sterilizing equipment sufficient to assure the cleanliness and safe condition thereof for any instruments used in the performance of any massage.
- j. Cover pads used on massage tables in a workmanlike manner with durable, washable plastic or other waterproof material.
- k. Unlock all exterior doors from interior side during business hours.
- l. Provide a separate locker for each patron to be served, which locker shall be capable of being locked and available to each patron at no extra charge.
- m. Shall not operate as a school of massage, or operate in the same location, or use the same facilities as that of a school or use the same facilities as that of a school of massage except as otherwise may be provided by law. It shall be unlawful for any person to perform any massage upon a member of the general public while on the premises of a school of massage. Instructors and students of such schools may practice massage only upon a bona fide employee or another student of the school, or a dummy may be used.

**Section 5. MASSAGE EXAMINING PANEL.** The Massage Examining Panel is hereby established and shall consist of three (3) members, appointed by the Health Officer, who are qualified by reason of education and experience concerning the methods and procedures used in the practice of massage. The Health Officer shall develop and establish standards and procedures for the Panel governing the administration of examinations for applicants for a massage technician license in order to determine whether such applicants are competent to engage in the practice of massage, and the Health Officer shall exercise such supervision as may be necessary to assure compliance therewith.

**Section 6. APPLICATIONS FOR LICENSES/RENEWALS.**

- a. Applications for a massage business license, a massage technician license, or for a renewal of such licenses, shall be filed with the office of the Sheriff on forms prescribed by the Sheriff, and shall be signed under penalty of perjury. The fee for a massage business license is five hundred and ninety-five dollars (\$595.00) plus such sum as is currently charged by the Department of Justice of the State of California for a fingerprint check of an individual, and the fee for renewal shall be three hundred and sixteen dollars (\$316.00). The fee for a massage technician license is two hundred and twenty-four dollars (\$224.00) plus such sum as is currently charged by the

Department of Justice of the State of California for a fingerprint check of an individual, and the fee for renewal is one hundred and twenty dollars (\$120.00). The appropriate fee shall accompany the filing of each application. These fees are nonrefundable and shall be used to defray the cost of processing each such application. The fees set forth herein shall be in effect until the Board of Supervisors shall by resolution fix some other fees upon the basis of a cost analysis as determined by the County Auditor-Controller.

- b. All licenses shall be valid for a period of one (1) year following issuance. Applications for renewal thereof shall be filed no more than sixty (60) days and no less than thirty (30) days prior to the expiration of such period. If an application for renewal is filed less than thirty (30) days prior to the expiration of such period, the applicant shall pay an additional fee of \$50.00. No application for renewal shall be filed with, or accepted by, the Sheriff after the expiration of such period. Renewal of licenses shall be by the Sheriff, unless, in his opinion, the application for renewal of a massage technician license should be referred to the Health Officer.
- c. Upon receipt of an application for a massage business license, the Sheriff shall cause an inspection to be made of the premises within which a massage business is to be conducted within twenty (20) days to ascertain if such premises are in compliance with the provisions of this ordinance, other applicable ordinances of the County of Riverside and the laws of the State of California. If such premises are not in compliance, the Sheriff shall notify the applicant, in writing, of the deficiencies, and shall cause the reinspection of such premises to be made upon written request by the applicant; provided, however, that such request for reinspection is made within thirty (30) days after notice of noncompliance has been given by the Sheriff.
- d. Upon receipt of an application for a massage technician license, the Sheriff shall request the Health Officer to conduct an examination of the applicant. If the applicant fails to pass such examination, the Health Officer shall notify the Sheriff and the Sheriff shall notify the applicant of the results thereof, in writing, and shall cause a re-examination of the applicant upon written request by the applicant; provided, however, that such request for re-examination is made within thirty (30) days and no later than sixty (60) days after notice of the results have been given to the applicant by the Sheriff. In the event the applicant fails to pass such re-examination, the Health Officer shall notify the Sheriff and the Sheriff shall notify the applicant of the results thereof, in writing, but no additional re-examinations shall be conducted.
- e. Upon receipt of an application for a massage business license or massage technician license, the Sheriff shall investigate the truth of the matters set forth in the application. The Sheriff may make inquiries to any office or department of the County of Riverside and to any federal, state or local agency which the Sheriff deems essential to carry out a proper investigation of the applicant.
- f. In the event an application for a massage technician license is denied by the Sheriff, the person who filed such application may not file another application for a massage technician license for a period of six (6) months after notice of such denial was given pursuant to Section 10 of this ordinance.

**Section 7. MESSAGE TECHNICIANS--APPAREL REQUIREMENTS.** Massage technicians shall be fully clothed in hygienically clean apparel while engaged in the practice of massage. As used herein, "fully clothed" shall mean the wearing of clothing which is

comparable to the clothing commonly worn by nurses and physical therapists while performing their respective professional duties.

### **Section 8. QUALIFICATIONS OF APPLICANT/ISSUANCE OF LICENSES.**

The Sheriff shall issue:

**a. A massage business license to any adult applicant:**

1. Whose massage business premises are in compliance with the provisions of this ordinance, other applicable ordinances of the County of Riverside and the laws of the State of California; and,
2. Who has not committed any acts or crimes constituting grounds for denial under Section 9 of this ordinance.

**b. A massage technician license to any adult applicant:**

1. Who has satisfactorily demonstrated to the Health Officer to be free of any active communicable disease; and,
2. Who has passed the examination conducted by the Panel; and,
3. Who has not committed any acts or crimes constituting grounds for denial under Section 9 of this ordinance.

### **Section 9. GROUNDS FOR DENIAL, RENEWAL SUSPENSION OR REVOCATION OF A LICENSE.**

**a. The Sheriff may deny an application for any license, or renewal thereof, required under this ordinance, if he finds:**

1. That the applicant has knowingly made any false, misleading or fraudulent statement of a material fact in the application or any document in connection therewith; or,
2. That the applicant has done any act involving dishonesty, fraud or deceit with the intent to substantially benefit himself, herself or another, or substantially injure another; or,
3. That the applicant has been convicted of any crime. A conviction shall mean a plea or verdict of guilty or conviction following a plea of nolo contendere, unless the conviction was so remote in time as to indicate that the applicant has been rehabilitated, or the applicant has presented evidence to the Sheriff which shows to the Sheriff's satisfaction that the applicant has been rehabilitated; or,
4. That the applicant does not meet the qualifications required under Section 8 of this ordinance.

**b. Such denial may be made only if the act or crime referred to in subsections (a)(2) or (a)(3) above are substantially related to the qualifications, functions or duties of a person engaged in the business or practice of massage.**



- c. The Sheriff may suspend or revoke a license required under this ordinance, if he finds:
  - 1. That the licensee has violated any of the provisions, or failed to comply with any of the requirements, of this ordinance; or,
  - 2. That the licensee has engaged in the practice of massage or the management of a massage business that does not comport with the public welfare for any reason or that the same have been conducted in an illegal, improper or disorderly manner, or for any reason for which the application for any license, or renewal thereof, required under this ordinance could have been denied.

**Section 10. APPEAL.** If, after an investigation, the Sheriff proposes to suspend or revoke a license or deny an application for such license, he shall prepare a notice of such intention setting forth the reasons therefor, and such notice shall be served personally on the licensee or applicant, or sent by registered or certified mail, postage prepaid, return receipt requested, to the licensee's or applicant's address as provided in the application. The notice shall set a date, time and place for a hearing relative to such suspension, revocation or denial before the Sheriff, which date shall be not less than ten (10) days after service of the notice. Unless the licensee or applicant requests to be heard at the time and place specified in such notice within seven (7) days after service thereof, the proposed decision set forth in the notice shall be final as of the date set for hearing by such notice. If a hearing is requested and the Sheriff decides to suspend or revoke the license, or deny the application, the licensee or applicant may appeal the decision by filing with the Clerk of the Board of Supervisors, within ten (10) days after the date of such decision, a written notice of appeal briefly setting forth the reasons why such suspension, revocation or denial is not proper, otherwise such decision shall be final. The Clerk shall give written notice of the time and place of the hearing to the appellant. Such appeal shall be heard by the Board of Supervisors which may affirm, amend or reverse the decision or take such other action as it deems appropriate. In conducting the hearing, the Board of Supervisors shall not be limited by the technical rules of evidence.

**Section 11. INSPECTION.** The Sheriff shall, from time to time, and at least once a year, cause an inspection to be made of the premises and facilities of each massage business located within the unincorporated area of the County of Riverside.

**Section 12. LICENSES NOT TRANSFERABLE.** No license issued hereunder shall be transferable from one person to another. A massage business license shall be issued for a specific location, and shall in no event be transferable from one location to another.

**Section 13. PENALTIES.**

- A. Any person violating any of the provisions or failing to comply with any of the mandatory requirements of the ordinances of the county shall be guilty of an infraction unless the violation is made a misdemeanor by ordinance.
- B. Except in cases where a different punishment is prescribed by any ordinance of the county, any person convicted of a misdemeanor for violation of an ordinance of the county is punishable by a fine of not more than one thousand dollars (\$1,000) or by imprisonment not to exceed six months, or both such fine and imprisonment.
- C. Any person convicted of an infraction for violation of an ordinance of the county is

punishable by a penalty of not more than two hundred fifty dollars (\$250.00).

- D.** Each such person shall be guilty of a separate offense for each and every day during any portion of which any violation of any provision of the ordinances of the county is committed, continued or permitted by any such person, and such person shall be punishable accordingly.

**Section 14. OTHER REMEDIES.** The provisions of Section 13 of this ordinance are to be construed as added remedies and not in conflict or derogation of any other actions or proceedings or remedies otherwise provided by law.

**Section 15. SEVERABILITY.** If any provision, clause, sentence or paragraph of this ordinance or the application thereof to any person or circumstances shall be held invalid, such invalidity shall not affect the other provisions or applications of the provisions of this ordinance which can be given effect without the invalid provision or application, and to this end, the provisions of this ordinance are hereby declared to be severable.

**Section 16. ORDINANCE NO. 539--INTERIM USE.** Licenses issued under Ordinance No. 539 of the County of Riverside shall remain in effect in accordance with the terms of said ordinance until December 31, 1982. Such licenses shall be refunded as of said date for the portion of the fee required under Ordinance No. 539 for the period covered by their respective licenses after December 31, 1982.

**Section 17. REPEAL OF ORDINANCE NO. 539.** Ordinance Nos. 539 and 539.1 of the County of Riverside are repealed as of the operative date of this ordinance.

**EFFECTIVE DATE:** This Ordinance shall take effect 30 days after the date of its adoption.

**Adopted:** 596 Item 11/30/1982 (Eff: 01/01/1983)

**Amended:** 596.1 Item 9.2 of 11/14/1989 (Eff: 12/14/1989)

3/14/00 (Eff: 4/13/2000) (Amended by Ord. 802 – Violation Provisions)

596.2 Item 9.12 of 07/13/2010 (Eff: 08/12/2010)