
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 A Minor Use Permit protects the public by providing an entitlement that can be withdrawn if a given use does not comply with conditions and regulations.

Massage Exemption Checklist Form

Use this checklist to determine if your proposed massage enterprise is exempt from the requirement to obtain a Minor Use Permit.

Question #1


Is the proposed enterprise a sole or dual owner/operator massage establishment? (Section 3.7.2.C.4.a)
A sole or dual owner massage establishment is defined in the Zoning Code as: A massage business that is 100 percent owned by one person (sole ownership), or ownership is wholly or divided by two persons (dual ownership), where a maximum of two persons provide massage services for compensation for that business, and said business has no other employees or independent contractors.

Yes  You may stop here. Your proposed business is exempt from the requirement to obtain a Minor Use Permit. Please complete and sign Attachment A.

No Continue to Question #2

Question #2


Will all employees be Certified Massage Therapists (CMT), as certified by the California Massage Therapy Council? (Section 3.7.2.C.4.a)

Yes  You may stop here. Your proposed massage business is exempt from the requirement to obtain a Minor Use Permit. Please complete and sign Attachment B, and provide documentation as necessary.

No Continue to Question #3

Question #3

Will massage services/activities be incidental to the primary enterprise? (Section 3.7.2.C.4.b)
"Incidental" is defined as 25% or less of the total floor area of said enterprise is dedicated to massage services. Such enterprises include salons, spas, health clubs and medical offices.

Yes  You may stop here. Your proposed enterprise is exempt from the requirement to obtain a Minor Use Permit. Please complete and sign Attachment C and provide documents as necessary.

No Your proposed massage establishment is NOT exempt from the requirement to obtain a Minor Use Permit. Complete and sign the Minor Use Permit Application and complete Supplemental Form A.2.

The Minor Use Permit Application and Supplemental Form A.2 can be download from the PER website at www.per.saccounty.net/Pages/Planning-Applications.aspx. If your proposed location cannot meet the distance separation requirements, you will NOT be approved. Do not apply for the Minor Use Permit. If you need assistance or have questions, please contact the Planning and Environmental Review Division at (916) 874-6141 and a Planner can assist you.

Attachment A – Sole or Dual Ownership

A sole or dual owner/operator massage establishment is defined as:

A massage business that is 100 percent owned by one person (sole ownership), or ownership is wholly or divided by two persons (dual ownership), where only the owner (sole) or owners (dual, and maximum two persons) provide massage services for compensation for that business, and said business has no other employees or independent contractors.

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 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.

Owner(s) Signature: _____

Owner(s) Signature: _____

Date: _____

County of Sacramento
 Community Development Department
 Planning and Environmental Review Division (PER)
 827 7th Street, Room 225
 Sacramento, CA 95814
 (916) 874-6141

Message Establishments (SZC Section 3.7.2.C)

Attachment B – Certified Massage Therapists

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

The above named business will only employ Certified Massage Therapists (CMT), as certified by the California Massage Therapy Council.

As of date, I have the following prospective employees/contractors and their CMT license numbers.

Employee Name	CMT License #

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

Signature: _____

Date: _____

Business License Application Number: APPL _____

County of Sacramento
Community Development Department
Planning and Environmental Review Division (PER)
827 7th Street, Room 225
Sacramento, CA 95814
(916) 874-6141

Massage Establishments (SZC Section 3.7.2.C)

Attachment C – Incidental Massage Services

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: _____

Business License Application Number: APPL _____



County of Sacramento
Department of Community Development
Planning and Environmental Review

Desirae Stephens
Assistant Planner

827 7th Street, Room 225 • Sacramento, CA 95814
Direct: (916) 875-3035 • Main: (916) 874-6141
stephensd@saccounty.net • www.per.saccounty.net
Public Information: sacplan@saccounty.net