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 A Minor Use Permit protects the public by providing an entitlement that can be withdrawn if a given use does not comply with conditions and regulations.
Question #1 – SOLE/DUAL OWNER – NO OTHER EMPLOYEES OR PROVIDERS

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 owners provide massage services for compensation for that business, and said business has no other employees or providers.

☐ Yes ☐ No

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

Business Name: __________________________________________________________

Business Site Address (include Suite # if applicable):

____________________________________________

____________________________________________

____________________________________________

Business License Application Number: APPL

☐ Sole Ownership

Owner 1’s Name: __________________________________________________________

Owner 1’s Mailing Address

____________________________________________

____________________________________________

____________________________________________

☐ Dual Ownership

Owner 2’s Name (if applicable):

____________________________________________

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: ___________________________
Question #2 – ALL Independent Providers CAMTC Certified

<table>
<thead>
<tr>
<th>Will all providers be Certified Massage Therapists (CMT), as certified by the California Massage Therapy Council? (Section 3.7.2.C.4.a)</th>
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<tbody>
<tr>
<td>☐ Yes</td>
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<td>☐ No</td>
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<tr>
<th>Business Name:</th>
<th>Business Owner Name:</th>
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<tr>
<th>Business Site Address:</th>
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The above named business will only use Certified Massage Therapists (CMT), as certified by the California Massage Therapy Council.

As of date, I have the following prospective employees/providers and their CMT license numbers. **NOTE**: Each provider is also REQUIRED to obtain a Sacramento County Business License in addition to their CAMTC certification.

<table>
<thead>
<tr>
<th>Provider/Employee Name</th>
<th>CMT License #</th>
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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 providers 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:  
__________________________
Question #3 – Incidental to the Primary Enterprise

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 the form below and provide documents as necessary.

☐ No ☐ Your proposed massage establishment is NOT exempt from the requirement to obtain a Minor Use Permit. Please complete the information on the following page. Please contact the Office of Planning and Environmental Review to apply for a Minor Use Permit. A business license will NOT be issued without the Minor Use Permit.

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: __________________________________________
If you marked “NO” to all questions, please provide the following information:

<table>
<thead>
<tr>
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I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct:

Signature: ______________________________________________________
Date: __________________________

Signature: ______________________________________________________
Date: __________________________