

MESSAGE ESTABLISHMENT INFORMATION SHEET

- Application Fee \$100.00
- Application Tech Fee \$ 2.00
- Annual Licensing Fee \$100.00
- Annual License Tech Fee \$ 2.00

- Completed applications must be submitted to the Licensing Office by 5:30 PM Monday through Thursday, along with;
 - \$100.00 application fee AND \$2.00 Application Tech Fee (Total \$102.00)
 - Supplemental questionnaire on all controlling agents - person(s) with 10% or greater interest in the ownership or earnings of the business.
 - If ownership is individual/sole proprietorship: include a copy of driver's license or picture ID for applicant and a License Eligibility Form will be needed.
 - A clearly legible 8 x 11 sketch or diagram showing the configuration of the overall business premises. See Mesa City Code 5-12-5 (16).
 - Corporations, LLC's and partnerships: The Articles of Incorporation, Articles of Organization, or Certificate of Limited Partnership, together with any amendments thereto, for the applicant, as applicable.

- After submission of the application, the applicant(s) and all owners and/or officers that complete the supplemental questionnaire must get their fingerprints taken at Secureone Livescan Arizona, the suggested vendor, and request for an FBI background check to be completed. The fee for this service must be paid to Secureone Livescan Arizona at the time of service.

- Prior to issuance of your license, the application will be routed to various City departments for their recommendations. Below are the departments that provide a recommendation to the Licensing Office:
 - Fire Prevention (safety inspection).
 - Building Safety Division (Certificate of Occupancy and zoning).
 - Police Department (verification and approval/denial given when the background check is received).

- Upon approval/denial, a letter will be mailed to the applicant's mailing address informing them of the decision. A licensing fee of \$100.00 is required prior to the issuance of the license. The license will be issued for one year.

- There is a yearly renewal fee of \$100.00. Per Mesa City Code 5-12-14, the renewal application and renewal fee must be submitted to the Licensing Office **at least 45 days prior** to the license expiration date.

ALL FEES ARE NON-REFUNDABLE

INCOMPLETE APPLICATIONS OR THOSE RECEIVED WITHOUT THE REQUIRED SUPPLEMENTAL INFORMATION WILL NOT BE PROCESSED.

55 North Center Street
PO Box 1466
Mesa Arizona 85211-1466
(480) 644-2316 Tel (480) 644-3999 Fax
website: www.mesaaz.gov/business/licensing

Massage Establishment Ordinance Effective June 18, 2015



<http://www.mesaaz.gov/home/showdocument?id=13095>

City of Mesa Licensing Information



<http://mesaaz.gov/business/licensing>

NOTICE TO SOLE PROPRIETOR, INDIVIDUAL AND/OR HUSBAND & WIFE BUSINESSES

All persons applying for municipal licensing as Individuals, Sole Proprietors, or Husband & Wife businesses, must provide evidence of their legal right to be in the United States in compliance with A.R.S. 41-1080, also known as the "Legal Arizona Workers Act."

If applying by mail, applicants must submit the eligibility form with the application. Please indicate, by checking the appropriate box, which of the 12 forms of documentation will be provided to verify legal status under federal law. Return the completed eligibility form along with the application, applicable fees and a copy of the documentation showing your legal status.

If applying in person at the Licensing Office, applicants must show one of the 12 types of documentation listed on the eligibility form with the application and applicable fees. The eligibility form will be completed upon presentation of the documentation.

Per State law, the City of Mesa Licensing Office cannot issue a license unless it first receives a copy of one of the specified forms of identification and a signed eligibility form.

*****NOTE: A Government issued photo ID must be presented with any document that does not contain a photograph of the individual.**

LICENSING ELIGIBILITY

Before issuing a license to an individual, the individual must present one of the following documents to the municipality indicating that the individual's presence in the United States is authorized under federal law:

Check the box next to the document indicating lawful presence.

*****NOTE: A Government issued photo ID must be presented with any document that does not contain a photograph of the individual.**

	An Arizona driver license issued after 1996 or an Arizona non-operating identification license.
	A driver license issued by a state that verifies lawful presence in the United States. (See Overview of States' Driver's License Requirements) NOT accepted: HI, NM, UT, WA Note: a WA " <u>Enhanced</u> " Driver License is acceptable
	A birth certificate or delayed birth certificate issued in any state, territory or possession of the United States.
	A United States certificate of birth abroad.
	A United States passport or passport card.
	A foreign passport with a United States visa.
	An I-94 form with a photograph.
	A United States citizenship and immigration services employment authorization document or refugee travel document.
	A United States certificate of naturalization.
	A United States certificate of citizenship.
	A tribal certificate of Indian blood.
	A tribal or bureau of Indian affairs affidavit of birth.
	<u>Description</u> of other ID issued by: U.S. Government, other State government, an agency of this State or a political subdivision of this state that requires proof of citizenship or lawful alien status before issuance.

This provision does not apply to an individual, if EITHER:

1. BOTH of the following apply:
 - a. The individual is a citizen of a foreign country or, if at the time of application, the individual resides in a foreign country.
 - b. The benefits that are related to the license do not require the individual to be present in the United States in order to receive those benefits.

OR
2. ALL of the following apply:
 - a. The individual is a resident of another state.
 - b. The individual holds an equivalent license in that other state and the equivalent license is of the same type being sought in this state.
 - c. The individual seeks the Arizona license to comply with this state's licensing laws and not to establish residency in this state.

Signature of applicant

Date

Signature of municipal employee

Date

55 N. Center Street
PO Box 1466
Mesa Arizona 85211-1466
(480) 644-2316 Tel
(480) 644-3999 Fax

Licensing and Application Requirements House Bill 2212

The City wishes to notify all applicants of certain rights the applicant has related to the issuance of a license. The City shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule, ordinance or code. A general grant of authority does not constitute a basis for imposing a licensing requirement or condition unless the authority specifically authorizes the requirement or condition. Unless specifically authorized, the City shall avoid duplication of other laws that do not enhance regulatory clarity and shall avoid dual permitting to the maximum extent practicable, however this does not prohibit municipal flexibility to issue licenses or adopt ordinances or codes. The City shall not request or initiate discussions with a person about waiving that person's rights provided to them under Arizona Revised Statutes Title 9, Chapter 7, Article 4. The requirements of A.R.S. § 9-843 may be enforced in a private civil action and relief may be awarded against the City and the court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in such an action against a municipality. A City employee may not intentionally or knowingly violate A.R.S. § 9-843 and a violation of the statute is cause for disciplinary action or dismissal pursuant to City policy. The requirements of A.R.S. § 9-834 do not abrogate the immunity provided to the City or its employees by A.R.S. § 12-820.01 or § 12-820.02.

A.R.S. § 9-834. PROHIBITED ACTS BY MUNICIPALITIES AND EMPLOYEES; ENFORCEMENT; NOTICE

- A. A MUNICIPALITY SHALL NOT BASE A LICENSING DECISION IN WHOLE OR IN PART ON A LICENSING REQUIREMENT OR CONDITION THAT IS NOT SPECIFICALLY AUTHORIZED BY STATUTE, RULE, ORDINANCE OR CODE. A GENERAL GRANT OF AUTHORITY DOES NOT CONSTITUTE A BASIS FOR IMPOSING A LICENSING REQUIREMENT OR CONDITION UNLESS THE AUTHORITY SPECIFICALLY AUTHORIZES THE REQUIREMENT OR CONDITION.
- B. UNLESS SPECIFICALLY AUTHORIZED, A MUNICIPALITY SHALL AVOID DUPLICATION OF OTHER LAWS THAT DO NOT ENHANCE REGULATORY CLARITY AND SHALL AVOID DUAL PERMITTING TO THE MAXIMUM EXTENT PRACTICABLE.
- C. THIS SECTION DOES NOT PROHIBIT MUNICIPAL FLEXIBILITY TO ISSUE LICENSES OR ADOPT ORDINANCES OR CODES.
- D. A MUNICIPALITY SHALL NOT REQUEST OR INITIATE DISCUSSIONS WITH A PERSON ABOUT WAIVING THAT PERSON'S RIGHTS.
- E. THIS SECTION MAY BE ENFORCED IN A PRIVATE CIVIL ACTION AND RELIEF MAY BE AWARDED AGAINST A MUNICIPALITY. THE COURT MAY AWARD REASONABLE ATTORNEY FEES, DAMAGES AND ALL FEES ASSOCIATED WITH THE LICENSE APPLICATION TO A PARTY THAT PREVAILS IN AN ACTION AGAINST A MUNICIPALITY FOR A VIOLATION OF THIS SECTION.
- F. A MUNICIPAL EMPLOYEE MAY NOT INTENTIONALLY OR KNOWINGLY VIOLATE THIS SECTION. A VIOLATION OF THIS SECTION IS CAUSE FOR DISCIPLINARY ACTION OR DISMISSAL PURSUANT TO THE MUNICIPALITY'S ADOPTED PERSONNEL POLICY.
- G. THIS SECTION DOES NOT ABROGATE THE IMMUNITY PROVIDED BY SECTION 12-820.01 OR 12-820.02.
- H. A MUNICIPALITY SHALL PROMINENTLY PRINT THE PROVISIONS OF SUBSECTIONS A, B, C, D, E, F AND G OF THIS SECTION ON ALL LICENSE APPLICATIONS.
- I. THE LICENSING APPLICATION MAY BE IN EITHER PRINT OR ELECTRONIC FORMAT.



APPLICATION FOR MESSAGE ESTABLISHMENT LICENSE

NON-REFUNDABLE \$100.00 DUE AT TIME OF APPLICATION - CODE 0570

NON-REFUNDABLE \$2.00 TECH FEE DUE AT TIME OF APPLICATION - CODE 0375

ACCURACY IS IMPORTANT -- CHECK ALL ANSWERS FOR ACCURACY. FALSE OR INCOMPLETE ANSWERS OR OMISSIONS MAY RESULT IN NON-ACCEPTANCE, DENIAL OR SUBSEQUENT REVOCATION OF A LICENSE.

SECTION I. ESTABLISHMENT INFORMATION

Establishment Name	
Establishment Street Address	
City, State, Zip	Phone Number
Type of Ownership <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other _____	
Name of Corporation or LLC	
Days and Hours of Operation	
Types of Massage (Services Offered)	

SECTION II. MAILING ADDRESS

Mailing Name (Designated Agent)
Street Address or PO Box
City, State, Zip

SECTION III. LISTING OF CONTROLLING PERSONS (PERSON(S) WITH 10% OR GREATER INTEREST IN THE OWNERSHIP OR EARNINGS OF THE BUSINESS)

Title/Position	Name	% Owned

SECTION VI. INITIAL APPLICANT'S INFORMATION

Applicant's Name	Last	First	M.
Home Address	Home Phone Number		
City, State, Zip			
Previous names by which you have been known and the years in which you were known by those names			

CITY OF MESA - APPLICATION FOR MESSAGE ESTABLISHMENT LICENSE

PAGE TWO

ESTABLISHMENT NAME FROM PAGE 1, SECTION I:

Title/Position at Establishment				
Social Security Number			Date of Birth (month, day, year)	
Place of Birth City, State, Country			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Race	Color of Eyes	Weight	Height	Color of Hair

SECTION VII. APPLICANT'S HOME ADDRESS HISTORY FOR PAST 10 YEARS

From	To	Complete Street Address	City, State, Zip
	Present		

SECTION VIII. APPLICANT'S BUSINESS, OCCUPATION OR EMPLOYMENT HISTORY FOR PAST 10 YEARS

From	To	Business Name	Business Address

SECTION IX. BACKGROUND INFORMATION - PLEASE READ CAREFULLY. IF NOT ANSWERED FULLY AND COMPLETELY IT COULD BE CAUSE FOR YOUR LICENSE REQUEST TO BE DENIED.

In the past 10 years, have you been convicted in a court of competent jurisdiction of a felony or misdemeanor, excluding civil traffic offenses? Yes No
IF YES, LIST ALL CONVICTIONS BELOW. ATTACH A SEPARATE SHEET IF NEEDED.

Date	Offense	Location of Conviction	Penalty Assessed

Have you ever had a business license suspended, denied or revoked in this or any other state? Yes No

Date	License Type	State	Outcome

SECTION X. SIGNATURE AND CERTIFICATION

IMPORTANT

I hereby give consent to the City of Mesa to investigate my background, including any police records or records of any kind or description. I hereby waive any claim or cause of action regarding the use of my background information or police record that I may have against the City of Mesa or its agents and employees, and against any other individual or agency disclosing or releasing background information to the City of Mesa. I also certify that I am familiar with the Code provisions governing the Massage Establishment License.

I hereby attest that I have verified that no person not qualified to own, control or manage a massage establishment is involved in the ownership, control or management of this applicant.

I hereby certify that all answers and information on this application are true and correct. Any false, misleading, or incomplete information constitutes grounds for denial of this license.

Print Name	Signature	Date

ATTACH A LEGIBLE COPY OF DRIVERS LICENSE



**MESSAGE ESTABLISHMENT LICENSE
 SUPPLEMENTAL QUESTIONNAIRE
 ADDITIONAL OWNERS AND OFFICERS OTHER THAN APPLICANT**

SECTION I. CONTROLLING PERSONS (PERSON(S) WITH 10% OR GREATER INTEREST IN THE OWNERSHIP OR EARNINGS OF THE BUSINESS)

Name		Last	First	M.
Home Address				
City, State, Zip			Home Phone Number	
Previous names by which you have been known and years those names were used.				
Title/Position at Establishment				
Social Security Number			Date of Birth (month, day, year)	
Place of Birth City, State, Country			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Race	Color of Eyes	Weight	Height	Color of Hair

SECTION II. RESIDENTIAL ADDRESSES FOR PAST 10 YEARS BEGINNING WITH PRESENT ADDRESS

From	To	Complete Street Address	City, State
	Present		

SECTION III. APPLICANT'S PREVIOUS BUSINESS, OCCUPATION OR EMPLOYMENT HISTORY FOR PAST 10 YEARS

From	To	Business Name	City, State, Zip

CITY OF MESA - MASSAGE ESTABLISHMENT LICENSE SUPPLEMENTAL QUESTIONNAIRE

PAGE TWO

CONTROLLING PERSON NAME FROM SUPPLEMENTAL QUESTIONNAIRE PAGE 1,SECTION I:

SECTION IV. BACKGROUND INFORMATION - PLEASE READ CAREFULLY. IF NOT ANSWERED FULLY AND COMPLETELY IT COULD BE CAUSE FOR YOUR LICENSE REQUEST TO BE DENIED.

In the past 10 years, have you been convicted in a court of competent jurisdiction of a felony or misdemeanor, excluding civil traffic offenses? Yes No

Date	Offense	Location of Conviction	Penalty Assessed

Have you ever had a business license suspended, denied or revoked in this or any other state? Yes No

Date	License Type	State	Outcome

SECTION V. SIGNATURE AND CERTIFICATION

IMPORTANT

I hereby give consent to the City of Mesa to investigate my background, including any police records or records of any kind or description. I hereby waive any claim or cause of action regarding the use of my background information or police record that I may have against the City of Mesa or its agents and employees, and against any other individual or agency disclosing or releasing background information to the City of Mesa. I also certify that I am familiar with the Code provisions governing the Massage Establishment License.

I hereby certify that all answers and information on this application are true and correct. Any false, misleading, or incomplete information constitutes grounds for denial of this license.

Print Name	Signature	Date
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ATTACH A LEGIBLE COPY OF DRIVERS LICENSE

MESSAGE ESTABLISHMENT DIAGRAM

Business Name: _____ License No. _____
Business Address: _____ Days & Hrs Open _____

Include all interior doors, walls, curtains, room dividers. Designate the type of use for each room. See attached page for specific sketch requirements.

Types of Massage: _____

Physical Location:
55 N. Center St.
Mesa, AZ

Mailing Address:
P.O. Box 1466
Mesa, AZ 85211-1466
(480) 644-2316 TEL (480) 644-3999 FAX
Website: www.mesaaz.gov/business/licensing

Sketch requirements information:

A clearly legible sketch or diagram showing the configuration of the overall business premises that includes:

1. The location of all interior doors, walls, curtains and room dividers.
2. A description of the use of each interior space or room, including a designation, by type of use, of each room or space available for massage or touching techniques or massage therapy by the therapist.
3. A designation of each room or space that is being, or is intended to be, leased, subleased, or licensed for use by any person other than the applicant and a description of its intended and actual use.
4. A designation of each room or space that is being, or is intended to be, leased, subleased, or licensed for use by any person other than the applicant for purposes of offering massage or touching techniques or massage therapy and a description of its intended and actual use.

The sketch or diagram need not be professionally prepared but shall be drawn on one page measuring 8 ½ inches by 11 inches with marked dimensions of the interior of the premises to an accuracy of plus or minus six inches. For purposes of this paragraph a “wall” shall include any interior barrier, including transparent glass that extends more than fifty-four inches from the level of the finished floor

Source: Mesa City Code 5-12-5(16)

Physical Location:
55 N. Center St.
Mesa, AZ

July 2012

Mailing Address:
P.O. Box 1466
Mesa, AZ 85211-1466
(480) 644-2316 TEL (480) 644-3999 FAX
Website: www.mesaaz.gov/business/licensing



TO: SECUREONE
FROM: CITY OF MESA SPECIAL LICENSING OFFICE
RE: FINGERPRINTS AND BACKGROUND CHECK
DATE:

ORI NUMBER: XX007100L

Person to be printed:

Name: Date of Birth:

Please List All Previous Names You Have Been Known By:

(THE PREVIOUS NAMES ABOVE MUST BE LISTED ON YOUR FINGERPRINT CARD)

Phone: Social Security No.:

Fingerprints will be processed by Secureone. Results from the background check will be forwarded to Mesa Police Department.

\$21.00 Prints
22.00 DPS processing fee
\$43.00 Total Due

PAYMENT WILL BE COLLECTED AT THE TIME OF SERVICE

NO APPOINTMENT NECESSARY
PHOTO ID REQUIRED

Secureone
86 W University, Suite 211
MESA, AZ 85201
Tel: 480-500-7309
Mon - Friday 8:00 – 5:00

This request is per Mesa Ordinance 4957 and Mesa City Code 5-12-3.

55 N. Center Street
PO Box 1466
Mesa Arizona 85211-1466
(480) 644-2316 Tel
(480) 644-3999 Fax