



CITY OF BREA
ADMINISTRATIVE SERVICES DEPARTMENT
FINANCE DIVISION
1 Civic Center Circle, 3rd Floor
Brea, CA 92821 | (714) 671-3628

NEW MESSAGE ESTABLISHMENT PERMIT CHECKLIST

NAME: _____

DATE SUBMITTED: _____

ADDRESS OF LOCATION: _____

THE FOLLOWING ITEMS MUST BE SUBMITTED BEFORE PERMIT CAN BE ISSUED.

(Employee to check off with initial and date upon receipt of each item)

_____ **Copy of written proof with photo** that Applicant is 18 years of age

_____ Confirm with the Brea Planning Division that location is zoned for massage (714) 990-7674

_____ **Pay \$750 application fee – NON-REFUNDABLE** (110-00-0000-3219)

_____ Have photo taken for permit

_____ **Completed application** – Have you signed and dated your application?

_____ **Provide proof of published DBA** – OC Clerk Recorder's office provides list of acceptable publications

_____ **Certificate of Occupancy** – Brea Community Development Department, Building and Safety Division.
Call (714) 990-7674 for an inspection appointment

_____ **Certificate of Compliance** – Brea Community Development Department, Building and Safety Division.
Call (714) 990-7674 for an inspection appointment

_____ Verification & approval of Live Scan fingerprints taken at an authorized location within the last (30) days – If prospective establishment owner is CAMTC certified, fingerprints are not required

_____ Lessee: **Copy of lease AND notarized acknowledgment from property owner** that a massage establishment will be located on property

_____ **ONE OF THE FOLLOWING (if applicable):**

PARTNERSHIP – Name, residence address and phone number for each partner, including limited partners. If applicant is a limited partnership, furnish copy of Certificate of Limited Partnership as filed with County Clerk Recorder. If one or more of the partners is a corporation, the provisions of this subsection pertaining to corporate applicants apply

OR

CORPORATION – The name of the corporation shall be set forth exactly as shown in its Articles of Incorporation or Charter together with the state and date of incorporation and the name, residence address, and phone number of each of its current officers and directors, and of each stockholder holding more than five percent (5%) of the stock of that corporation. Furnish copy of Articles of Incorporation

_____ **Obtain approval from Administrative Services Director and Police Department**

_____ **Pay for City business license after the application has been approved**