



SAN FRANCISCO
PLANNING
DEPARTMENT

AFFIDAVIT FOR Massage Use

Planning Department
1650 Mission Street
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Date: **September 16, 2011**

To: **Applicants seeking Planning Department approval to operate a massage establishment under Planning Code Sections 218.1, 790.60, and 890.60**

From: **San Francisco Planning Department**

Re: **New establishments planning to use only State-certified massage therapists (see Part 1), or continuance of massage as an accessory use for a medical or commercial establishment (see Part 2)**

Part 1 of this affidavit is applicable to new massage establishment for which the sole proprietor is certified by the California Massage Therapy Council (CAMTC), or which employs or uses only persons certified by CAMTC, and who wish to be exempted from the requirement to obtain Conditional Use authorization from the Planning Commission. Please note that all massage therapists working at the establishment must be certified by CAMTC in order for the establishment to qualify for such exemption. Please fill out only Part 1 of this affidavit and submit it with copies of CAMTC certificates for all massage therapists employed by the establishment, and the DPH Health Permit Application Zoning Referral form to the Planning Department by mail or fax (415 558-6409).

Part 2 of this affidavit is for continuance of massage as an accessory use for a medical or commercial establishment. A legally existing massage, acupressure, or reflexology use that was authorized as an accessory use from a primary medical or commercial establishment prior to May 2007 may be permitted to continue as a non-conforming conditional use (pursuant to Planning Code Sections 186.1 and 185), provided that the original conditions pertaining to the operation of the accessory massage component, which were previously documented and notarized via affidavit, remain the same.

Part 2 of this affidavit must be executed by the new business owner and/or the new State-licensed professional employed by the business owner to continue operating the primary medical or commercial use from the subject premises. Please note that any change to original conditions pertaining to the operation of an accessory massage use, including physical expansion or an increase in the number of massage rooms, more than two massage practitioners, and/or operation of massage use as a primary use, is not permitted and requires a Conditional Use authorization (if so permitted).

If you are submitting Part 2 of this affidavit, you must also submit the following materials:

- A copy of the previously submitted affidavits for the establishment.
- Floor plans that clearly document the use of each room, e.g., massage room, office.
- Copies of any State and/or local licenses held by the professionals and other employees.
- To ensure that the massage use is accessory to the primary medical or commercial use, a written description of the type of services provided by each employee and the total number of employees employed by the establishment. Please note that no more than two massage practitioners are permitted to work at the same time pursuant to Planning Department regulations for accessory massage uses.

Please submit this affidavit, supporting materials, and the DPH Health Permit Application Zoning Referral form to the Planning Department by mail or fax (415-558-6409).

Part 1: For All State-Certified Massage Establishments

I, _____, do hereby declare as follows:

- a. I am a sole proprietorship, as defined in California Business & Professions Code Section 4612(b)(1); and / or, I plan to operate a business that employs or uses only persons certified by the state's Massage Therapy Organization, pursuant to the California Business and Professions Code Section 4600 et seq; and,
- b. All massage therapists have completed the requirements as set forth by the California Massage Therapy Council (CAMTC) and have received CAMTC certification. Copies of all CAMTC certificates are attached to this affidavit.
- c. I understand that CAMTC certification must be renewed every two years, as required by CAMTC, and that the establishment shall maintain on its premises evidence for review by local authorities that demonstrates that all persons providing massage services are CAMTC certified.
- d. I understand that my massage facility has been permitted on the basis that all massage therapists who work in the establishment are CAMTC certified. Accordingly, the presence of any therapists who are not CAMTC certified will comprise a violation of Planning Code Section 218.1, 790.60, or 890.60. Such violation will be grounds for the City and County of San Francisco to pursue enforcement actions that may include the assessment of administrative penalty fees of up to \$250.00 a day and the issuance of a cease and desist order for the establishment to close.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on this day _____, in _____
Date Location

Signature

Name (Print), Title

Contact Phone Number

Part 2: For Continuation of a Legally Existing Massage, Acupressure, and/or Reflexology as an Accessory Use from a Medical or Commercial Establishment

Do not fill out Part 2 unless the establishment has been legally operating as an accessory use from a primary medical or commercial establishment prior to May 2007.

I, _____, do hereby declare as follows:

- a. The subject business is located at (address):

Address

- b. The total gross square footage of the subject business is approximately _____ square feet.

- c. The total gross square footage dedicated to massage, acupressure, and/or reflexology (as defined in Section 1900 of San Francisco Health Code) is: _____ square feet.

- d. The subject business has total of _____ employees (including the business owner and operator).

- e. The services provided by each employee are as follows (attach additional sheets if necessary):

- f. I am aware that for having a massage use as an accessory to my primary business, no more than two massage practitioners are to be present at any given time during the business operating hours, and a state licensed professional is required to be present during business operating hours.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on this day _____, in _____
Date Location

Signature

Name (Print), Title

Contact Phone Number