SAN DIEGO POLICE DEPARTMENT
POLICE PERMITS & LICENSING UNIT
1400 'E' STREET M/S 735, SAN DIEGO, CA 92101
PH: (619) 531-2250

HOLISTIC HEALTH PRACTITIONER & BUSINESS

San Diego Municipal Code, Section 33.0101(c), states you must have a valid police permit to operate a business designated as police regulated. You are responsible for being familiar with and complying with the rules and regulations related to Holistic Health Practitioners. Copies of the Holistic Health Practitioner's Ordinance and General Divisions for police regulated activities may be obtained from the City Clerk's office located at 202 C Street, 2nd Floor, Telephone # (619) 533-4000 or via the City's website: www.sannet.gov SDMC Chapter 3, Article 3, Division 44 and Divisions 1-5).

APPLICATIONS MUST BE SUBMITTED INPERSON TO THE POLICE PERMITS AND LICENSING UNIT. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

Definitions:

Holistic Health Practitioner - means a non-medical health care therapist who uses any method of pressure on, or friction against, or stroking, kneading, rubbing, tapping, pounding, vibrating, or stimulating the external parts of the human body with the hands or other parts of the body, with or without the aid of any mechanical or electrical apparatus or appliances, rubbing alcohol, liniments, antiseptics, oils, powders, creams, lotions, ointments or other similar substances; and who claims exemption from police regulation as a massage therapist pursuant to SDMC Section 33.4402.

Holistic Health Practitioner Business - means any business that is owned and operated by one or more holistic health practitioners and who hire or contract with other holistic health practitioners or massage therapists, or massage trainees, for the purpose of offering non-medical health care (SDMC Section 33.4402).

The granting of a police permit does not relieve the applicant from obtaining all appropriate approvals required by City, state or federal law. The granting of a permit does not relieve a permittee from the permittee's obligation to comply with all applicable local, state, and federal laws, including those related to building, zoning, and fire, and other public safety regulations. The granting of a police permit does not vest any development rights in the property or business (SDMC 33.0309). In order to legally operate your **Holistic Health Practitioner business** and to establish that your business location is suitable, it is suggested you first obtain the following:

ZONING APPROVAL can be obtained from the City of San Diego Development Services, 1222 First Avenue (3rd Floor), San Diego, CA 92101-Telephone # (619) 446-5000.

FIRE MARSHAL APPROVAL can be obtained from San Diego Fire and Life Services, 1010 Second Avenue (3rd Floor), San Diego, CA 92101-Telephone # (619) 533-4400.

PLEASE PROVIDE ALL OF THE FOLLOWING WHEN APPLYING FOR THE POLICE PERMIT

- **POLICE PERMIT APPLICATION and BUSINESS ADDENDUM** - A criminal records check will be made on each applicant. A 30-day investigation period begins at the time the complete application is submitted.
- **BUSINESS TAX CERTIFICATE** can be obtained from the San Diego City Treasurer's Office, 1200 Third Avenue (1st Floor), San Diego, CA 92101 - Telephone (619) 615-1500.
- **TRANSCRIPT(S)** - Proof of satisfactory completion (transcripts) of 1000 hours of instruction from any United States state-approved school devoted to Holistic Health practices and body therapies. You will be required to provide proof that the school is a state approved school.

- **NATIONAL CERTIFICATION** - Proof of successful completion of the National Certification Board for Therapeutic Massage and Bodywork exam (www.ncbtmb.com/) or the National Certification Commission of Acupuncture and Oriental Medicine exam (www.nccaom.org).

- **LIABILITY INSURANCE** - Proof of membership in a nationally chartered organization devoted to holistic health and massage, which requires members to obtain liability insurance, or proof of comparable liability insurance. **Please bring in your liability insurance policy declaration page (this shows the expiration date and the policy limits).**

- **LIVE SCAN FINGERPRINTS** **are required** for all new applicants. Fill out the attached "Request for Live Scan Service" form and bring it with you to the Live Scan agency. **See attached list** for locations. The completed "Request for Live Scan Service" form is valid for only thirty (30) from the date your Fingerprints were taken. After thirty (30) days you will be required to re-do your Live Scan fingerprints.

- **IDENTIFICATION** - A current government issued photo identification card (Driver's license, state ID or military I.D.).

- **FEES** - Cash, personal check, cashier's check or money order for the fees must be submitted along with your application payable to **CITY TREASURER**. The following are the applicable fees:

$175.00 – Regulatory Fee / HHP Individual
$104.00 – Investigation Fee
$ 15.00 – Photo ID Card Fee
$294.00 – Total New

$1,693.00 – Regulatory Fee / HHP Business
$ 104.00 – Investigation Fee
$ 15.00 – Photo ID Card Fee
$1,812.00 – Total New

NOTE: If applying for both the Holistic Health Practitioner Individual and Holistic Health Practitioner Business at the same time, only one application fee and one photo fee will be charged.

Example #1 - An HHP who does not hire or contract with other HHPs, massage therapists or trainees pays for the individual HHP permit.

Example #2 - An HHP who hires or contracts with other HHPs, massage therapists, or trainees pays for the individual HHP permit and also the HHP Business permit.

PHOTOGRAPHS – A photograph ($15.00) will be taken at the time of application in the Permits & Licensing Office.

RENEWAL – This permit must be renewed each year. Each year you must show proof of twelve (12) hours of continuing education units (CEU's). The CEU's must be obtained from a facility or organization approved by the NCBTMB or the NCCAOM, or a state-approved school (United States). The CEU's have to be health related or in massage therapy. You will be required to show proof that the CEU's are approved by the state, NCBTMB, or NCCAOM.

Police Permit Application
BUSINESS ADDENDUM

SAN DIEGO POLICE DEPARTMENT
1400 'E' STREET · M.S. 735 · SAN DIEGO, CA 92101

PLEASE COMPLETE ALL SECTIONS IF APPLICABLE
(TYPE OR PRINT LEGIBLY)

TYPE OF PERMIT: _____ **LOCATION:** _____

☐ Sole Owner ☐ Partnership ☐ Corporation ☐ LLC

Business Name: _____ D.B.A. _____

Business Address : _____ City & Zip: _____

Mailing Address: _____ City & Zip: _____

Business Tax Certificate # _____

LIST ALL FICTITIOUS NAMES THE BUSINESS WILL OPERATE OR ADVERTISE UNDER:

	FICTITIOUS NAME	PHONE #
1		
2		
3		
4		

IF APPLICANT IS A CORPORATION:

NAME OF CORPORATION AS SHOWN IN ARTICLES OF INCORPORATION OR CHARTER	DATE OF INCORPORATION	STATE OF INCORPORATION

NAMES AND RESIDENCE ADDRESSES OF EACH CURRENT CORPORATE OFFICER AND DIRECTOR:

NAME	RESIDENCE ADDRESS	TITLE
		PRESIDENT
		VICE PRESIDENT
		SECRETARY
		TREASURER

FOR OFFICE USE ONLY

DATE FILED: RECEIVED BY:		
DEVELOPMENT SERVICES – ZONING APPROVED BY: DATE: PHONE:		FIRE & LIFE SAFETY DEPARTMENT APPROVED BY: DATE: PHONE:

APPROVING OFFICER: _____ **DATE:** _____

Rev. 07/17/06 cfp

IF PARTNERSHIP, LIST NAME AND RESIDENCE ADDRESS OF EACH PARTNER, INCLUDING LIMITED PARTNERS:

NAME	RESIDENCE ADDRESS	TITLE

LIST FULL TRUE NAME AND ANY OTHER NAMES USED BY THE OWNERS AND ANY PERSONS WHO EXERCISE CONTROL OVER THE OPERATION, MANAGEMENT, DIRECTION OR POLICY OF THE BUSINESS, OR WHO ARE RESPONSIBLE FOR THE DAILY OPERATION OF THE BUSINESS:

	FULL NAME	TITLE
1		
2		
3		
4		
5		

APPLICANT'S PREMISES ARE ☐ OWNED ☐ LEASED/RENTED

IF RENTED OR LEASED, PLEASE PROVIDE THE NAME AND ADDRESS OF THE PROPERTY OWNER(S):

PROPERTY OWNER'S NAME	PROPERTY OWNER'S ADDRESS	PHONE #

APPLICANTS: The right of reasonable inspection shall be a condition for issuance of a police permit. If a permit is issued, representatives of the police department shall have access to the business premises, during normal business hours, which may include entry into the non-public portion of the business.

It is the responsibility of the permit holder to renew the permit no later than ten (10) calendar days after the expiration date on the permit. Failure to renew on time will result in penalty fees. If a renewal is not complete with all fees and penalties paid within thirty (30) days after the permit expiration date, the permit expires and business operations, occupations, or activities allowed by the permit must cease. A permittee must then begin the application process as a new applicant. (Section 33.0308 of the San Diego Municipal Code)

I declare under penalty of perjury that the statements made on this application, including accompanying documents, are true, complete and correct to the best of my knowledge and belief. I understand that any false statements are grounds for denial of this application or loss of licensure and that I may be subject to prosecution per section 11.0401(b) of the San Diego Municipal Code.

I AM AWARE THAT THE APPLICATION FEE IS NON-REFUNDABLE. I AM AWARE THAT I AM RESPONSIBLE FOR BEING FAMILIAR WITH AND COMPLYING WITH THE RULES AND REGULATIONS RELATED TO THE POLICE REGULATED BUSINESS OR OCCUPATION I AM APPLYING FOR. I AM AWARE THAT THE GRANTING OF A POLICE PERMIT DOES NOT RELIEVE ME FROM OBTAINING PERMITS OR APPROVALS REQUIRED BY THE CITY OF SAN DIEGO, OR STATE OR FEDERAL LAW. I AM AWARE THAT THE GRANTING OF A POLICE PERMIT DOES NOT RELIEVE ME FROM COMPLYING WITH ALL APPLICABLE LOCAL, STATE, AND FEDERAL LAWS, INCLUDING THOSE RELATED TO BUILDING, ZONING, AND FIRE, AND OTHER PUBLIC SAFETY REGULATIONS. I AM AWARE THAT THE GRANTING OF A POLICE PERMIT DOES NOT VEST ANY DEVELOPMENT RIGHTS IN THE PROPERTY OR BUSINESS.

_____ _____

APPLICANT'S SIGNATURE DATE OF APPLICATION

_____ _____

RESPONSIBLE PERSON COMPLETING APPLICATION IF NOT APPLICANT - PRINT & SIGN TITLE/POSITION

SAN DIEGO POLICE DEPARTMENT - PERMITS AND LICENSING
1400 'E' STREET, MS-735, SAN DIEGO, CA 92101
Telephone No.: (619) 531-2250

APPLICATION

TYPE OF PERMIT:_____

☐ Owner ☐ Employee ☐ Partner ☐ Corporate Officer ☐ LLC

Date of Birth:_____ Driver's License/ID #:_____ State:____

Applicant's Full Name:_____
Last First Middle

Other Names Used: (Maiden, Alias, Etc.)_____ Stage Name:_____

Residence Address:_____ City, State, Zip:_____

Mailing Address:_____ City, State, Zip:_____

Res. Ph. ( )_____ Bus. Ph. ( )_____ Cell Ph. ( )_____ Fax ( )_____

Internet Web Site Address/Auction Site User Name:_____

Soc. Sec. #:_____ Place of Birth:_____

Eyes:_____ Hair:_____ Height:_____ Weight:_____ Race:_____ Sex:_____

Business Where Applicant Expects to be Employed:

Business Name:_____ D.B.A.:_____

Business Address:_____ City, State, Zip:_____

1. List previous residence addresses for the last five (5) years:

	Complete Addresses last five years	Year Date From	Year Date To
1			
2			
3			
4			
5			

FOR OFFICE USE ONLY

App. Date:_____ **Permit Number:**_____ **Received by:**_____ ☐ **Live Scan Rec:**_____

Records Check: _____ ☐ **RI01 ok or** _____
Initials/ID #

Approving PCCO:_____ **Date:**_____

2. **List previous occupations, places of employment and/or schooling for the last *five (5) years*.**

1	PLACE OF EMPLOYMENT	OCCUPATION	
	ADDRESS & PHONE	DATE FROM	DATE TO
2	PLACE OF EMPLOYMENT	OCCUPATION	
	ADDRESS & PHONE	DATE FROM	DATE TO
3	PLACE OF EMPLOYMENT	OCCUPATION	
	ADDRESS & PHONE	DATE FROM	DATE TO
4	PLACE OF EMPLOYMENT	OCCUPATION	
	ADDRESS & PHONE	DATE FROM	DATE TO
5	PLACE OF EMPLOYMENT	OCCUPATION	
	ADDRESS & PHONE	DATE FROM	DATE TO

3. **List similar permits or licenses issued by any agency or board, or any city, county, state or federal agency in the past five (5) years.** ***IF NONE, INITIAL HERE*:** _____

	TYPE OF LICENSE	LICENSE NUMBER	DATES HELD	CITY AND STATE
1.				
2.				
3.				

4. **Have you ever had any permit or license issued by any agency or board, or any city, county, state or federal agency suspended or revoked?** *Yes ( ) No ( )*

If yes, please complete below:

CITY/STATE	DATE OF SUSPENSION OR REVOCATION	REASON
1.		
2.		
3.		

5. List all criminal convictions, except traffic convictions. Include pleadings of guilty to a lesser charge in satisfaction of, or as a substitute for, an original charge, and pleadings of *nolo contendere*. Expunged convictions must be listed per California Penal Code section 1203.4(a).

***IF NONE, INITIAL HERE*:** _____

	CHARGE	DATE CONVICTED	LOCATION OF COURT
1			
2			
3			
4			
5			
6			

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It is the responsibility of the permit holder to renew the permit no later than ten (10) calendar days after the expiration date on the permit. Failure to renew on time will result in penalty fee of $25.00 plus 10% of the regulatory fee. If a renewal is not completed with all fees and penalties paid within thirty (30) days after the permit expiration date, the permit expires and business operations, occupations, or activities allowed by the permit must cease. A permittee must then begin the application process as a new applicant (Section 33.0308 of the San Diego Municipal Code).

I declare under penalty of perjury that the statements made on this application, including accompanying documents, are true, complete and correct to the best of my knowledge and belief. I understand that any false statements or information are grounds for denial of this application or loss of licensure and that I may be subject to prosecution per section 11.0401(b) of the San Diego Municipal Code.

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_____ _____

APPLICANT'S SIGNATURE DATE OF APPLICATION

PLEASE BE ADVISED THE INFORMATION YOU PROVIDE ON YOUR APPLICATION MAY BE SUBJECT TO PUBLIC DISCLOSURE PER THE CALIFORNIA PUBLIC RECORDS ACT.

Live Scan Fingerprint Information

Municipal Code §33.0304 - Applicant and Employees to Furnish Fingerprints and Photographs

For the purpose of investigation and for regulation of the occupation or business during the time it is licensed, applicants, *responsible persons*, managers, or *employees* may be required to furnish their fingerprints and photographs. ***Fingerprints must be taken by a governmental agency.*** The *Chief of Police* shall forward the fingerprints to the Identification Division of the State of California, Department of Justice, or the Federal Bureau of Investigation, for identity confirmation and criminal histories.

The following are acceptable US Governmental Agencies located in San Diego County:

CHULA VISTA
Chula Vista Police Department
315 Fourth Street
Chula Vista, CA 92010
(619) 409-5954
M - F (8am-12pm) **Appointments Only**
M - F (1pm-4pm) **Appointments Only**
www.chulavistapd.org

ESCONDIDO
Escondido Police Department
700 W Grand Ave
Escondido, CA 92025
Contact: (760) 839-4431
M - F (9:00am-3:30pm) **Appointments Only**

LA JOLLA
UCSD Police Department
9500 Gilman Dr #0017
La Jolla, CA 92093
(858) 534-4361 **Appointments Only**
M - F 9am-3pm

LA MESA
La Mesa Police Department (Storefront)
6119 Lake Murray Blvd
La Mesa, CA 91942
(619) 667-1342
M, T, W (10am-4pm) **Appointments/Walk In**
Th, F (9am-3pm) **Appointments/Walk In**

SAN DIEGO
San Diego City Schools Police Services/EOC Bldg
4100 Normal St
San Diego, CA 92103-2682
(619) 725-7015 **Appointments**
(619) 725-7014 (Information)
T – F (8:30am-1pm) **Walk In**
T – F (2pm-4pm) **Appointments Only**
Not open to general public on Monday's
Closed School Holidays

SAN DIEGO
San Diego State University
5500 Campanile Dr
SSE-1410
San Diego, CA 92182
(619) 594-3193
M - F (8am-4pm) **Appointments Only**

SAN DIEGO - LSID X54/ML1
San Diego Community College Police
1536 Frazee Road, 1st Floor
San Diego, CA 92108
Contact: (619) 388-6416
M-Th (7:30am-5pm) **Wlk**
F (7:30am-12 noon) **Wlk**
E-mail address: dpicou@sdcc.edu

State of California

Department of Justice

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: CA 0371100
Code assigned by DOJ

Type of Application: Permits and Licensing

Job Title or Type of License, Certification or Permit:

Agency Address Set Contributing Agency:

San Diego Police Department
Agency authorized to receive criminal history information

08228
Mail Code (five-digit code assigned by DOJ)

P.O. Box 121431 - MS 735
Street No. Street or PO Box

Contact Name (Mandatory for all school submissions)

San Diego — City
CA — State
92112-1431 — Zip Code

(619-) 531-2250
Contact Telephone No.

Name of Applicant: (Please print)
Last First MI

Alias:
Last First

Driver's License No:

Date of Birth: Sex: ☐ Male ☐ Female

Misc. No. BIL - Applicant to pay
Agency Billing Number

Height: Weight:

Misc. Number:

Home Address:

Eye Color: Hair Color:

Street No. Street or PO Box

Place of Birth:

City, State and Zip Code

Social Security Number:

Your Number:
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI Number:

Level of Service: ☑ DOJ

Employer: (Additional response for agencies specified by statute)

Not Applicable
Employer Name

Street No. Street or PO Box

Mail Code (five digit code assigned by DOJ)

City State Zip Code

( )
Agency Telephone No. (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

ATI No.

Amount Collected/Billed

ORIGINAL – Live Scan Operator; SECOND COPY – Applicant; THIRD COPY (if needed) – Requesting Agency