



SAN DIEGO POLICE DEPARTMENT - PERMITS AND LICENSING



HOLISTIC HEALTH PRACTITIONER BUSINESS INFO SHEET

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: <https://www.sandiego.gov/city-clerk/officialdocs/municipal-code>

Definitions: 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).

New applications may be submitted in person at the Office of the City Treasurer located at:
1200 Third Avenue, Suite 100, San Diego, CA 92101

Mailing Address: **SDPD Permits, P.O. Box 122289, San Diego, CA 92112-2289**

For questions, contact the Business Tax Program at (619) 615-1500.

Note: Regulation and enforcement will continue to be performed by SDPD.

YOU MUST PROVIDE ALL OF THE FOLLOWING WHEN APPLYING FOR THIS POLICE PERMIT

INCOMPLETE APPLICATION PACKETS WILL NOT BE ACCEPTED

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](#) - City of SD Development Services, 1222 1st Ave. (3rd Fl.), San Diego, CA 92101, Tel. # (619) 446-5000.

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

- [POLICE PERMIT APPLICATION](#) – Only one of the owner/officers must complete the Police Permit Application. A criminal records check will be made on the applicant. A 30-day investigation period begins at the time the complete application is submitted.
- [BUSINESS ADDENDUM](#) – Each additional corporate officer or partner is deemed an applicant and must complete a Business Addendum application. An applicant who is a corporation or partnership shall designate one of its officers or general partners to act as its responsible managing officer. The responsible managing officer may complete, sign, and submit all applications on behalf of the corporate officers and partners. A criminal records check will be made on each applicant.
- [BUSINESS TAX CERTIFICATE](#) – Can be obtained at the Office of the City Treasurer – 1200 Third Avenue, Suite 100, San Diego, CA 92101 - Telephone (619) 615-1500.
- [TRANSCRIPTS](#) - Proof of satisfactory completion (transcripts) of 1000 hours 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](#) - **Required** for all new applicants. The San Diego Municipal Code states Fingerprints must be taken by a Governmental Agency. Fill out the attached "Request for Live Scan Service" form and bring it with you to a Live Scan agency. See attached list of locations. Return your completed application to the Office of the City Treasurer so your application can be processed. **The completed "Request for Live Scan Service" form is valid for only thirty (30) days 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 the **CITY TREASURER**. The following are the applicable fees:

In addition to the annual PD Regulatory fee, all new and renewal permits are assessed a non-refundable Application Fee*. The application fee consists of a \$24 investigative fee (background review) per owner/officer and a \$63 administrative fee (\$59 at the time of renewal).

\$1,694.00 Regulatory Fee / HHP Business
\$87.00 - * Application Fee
\$1,781.00 – Total

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.

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

SUBMIT FORM IN PERSON AT:
OFFICE OF THE CITY TREASURER
1200 THIRD AVE SUITE 100, SAN DIEGO, CA 92101
(619) 615-1500



PERMIT TYPE: _____ BUSINESS TAX CERTIFICATE #: _____

Ownership Type

☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ LLC ☐ Other _____

Applicable to Entertainment Industry Only

LIVE ENTERTAINMENT:

AGE GROUP EXPECTED ATTENDANCE _____
18 and UP ☐ 0 - 49 persons ☐
21 and UP ☐ 50 or more persons ☐

CIRCLE WHICHEVER APPLIES
DANCING KARAOKE LIVE BAND D.J. OTHER

Applicant's Full Name: _____
Last First Middle

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

Other Names (Maiden, Alias, Etc.): _____ Stage Name (A/E): _____

Residence Address: _____ City, State, Zip: _____

Mailing Address: _____ City, State, Zip: _____

Business Phone #: _____ Cell Phone #: _____

Email Address: _____

Social Security #: _____ Place of Birth: _____
City/State/Country

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

Business Where Applicant Expects to be Employed (Applicable to Adult Entertainers, Massage, HHP, Escorts, Tobacco Retailers, Peep Shows):

Business Name: _____

Business Address: _____ City, State, Zip Code: _____

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

	FICTITIOUS NAME	PHONE #
1		
2		
3		

FOR OFFICE USE ONLY

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

Records Check: _____
Initials/ID #

☐ RI01 ok or _____

Approving Officer: _____ Date: _____

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, DIRECTOR, OR PARTNER (INCLUDING LIMITED PARTNERS):

(ADDITIONAL OWNERS/OFFICERS MUST COMPLETE OWNER/OFFICER ADDENDUM)

NAME	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 #

1. 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.			From To	
2.			From To	
3.			From To	
4.			From To	
5.			From To	

2. Have you ever had any permit or license issued by any agency or board, or any city, county, state or federal agency denied, suspended or revoked? ☐ Yes ☐ No

If yes, please complete below:

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

3. List all criminal convictions, including convictions in another state and those under appeal. Include pleading of guilty to a lesser charge in satisfaction of, or as a substitute for, an original charge, and pleadings of *nolo contendere* or no contest. Expunged convictions must be listed per California Penal Code section 1203.4(a). Infractions are excluded.

IF NONE, INITIAL HERE: _____

	CHARGE	DATE CONVICTED	LOCATION OF COURT
1.			
2.			
3.			
4.			

*For additional info in any section, please use separate sheet(s).

APPLICANTS: It is the responsibility of the permit holder to renew the permit no later than fifteen (15) calendar days after the expiration date on the permit. Failure to renew on time will result in a penalty fee of \$25.00 plus 10% of the regulatory fee. If a renewal is not completed with all fees and penalties paid within the following calendar month after the due date, the permit expires and business operations, occupations, or activities allowed by the permit must cease. Any outstanding balance (PD or Business Tax fees) may be referred to our Delinquent Accounts Program.

INITIAL HERE: _____

A police permit is required for any person or entity engaged in any occupation or business deemed to be police-regulated, as set forth in Chapter 3, Article 3 of the San Diego Municipal Code, <http://www.sandiego.gov/city-clerk/officialdocs/legisdocs/muni.shtml>. Under penalty of perjury, applicant understands and agrees: To abide by all federal, state, and local laws; Consent to inspection by the Chief of Police per SDMC § 33.0103; The investigation fee is non-refundable per SDMC § 33.0307; Applications must be complete and truthful; Applicant will not willfully make a false statement or fail to report any material fact in the application per SDMC § 11.0401(b); Any changed circumstance which would have been grounds for denial of the application is grounds for denying a renewal application; Failure to disclose any material circumstance, whether or not such circumstance would have been grounds for denial, is grounds for denying a renewal permit.

INITIAL HERE: _____

To review grounds for denial, please refer to Municipal Code section 33.0305. Municipal Code or specific industry code sections may be accessed at the web address referenced above.

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



POLICE PERMIT APPLICATION – OWNER/OFFICER ADDENDUM

SUBMIT FORM IN PERSON AT:
OFFICE OF THE CITY TREASURER
1200 THIRD AVE SUITE 100, SAN DIEGO, CA 92101
(619) 615-1500



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

PERMIT TYPE: _____ BUSINESS TAX CERTIFICATE#: _____

Applicant Title: ☐ Partner ☐ Corporate Officer ☐ Other: _____

Applicant's Full Name: _____
Last First Middle

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

Residence Address: _____ City, State, Zip Code: _____

Mailing Address: _____ City, State, Zip Code: _____

Residence Phone #: _____ Cell Phone #: _____

Business Name: _____ Email Address: _____

Social Security #: _____ Place of Birth: _____

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

Business Where Applicant Expects to be Employed

Business Name: _____

Business Address: _____ City, State, Zip Code: _____

1. 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: _____

TYPES OF LICENSE	LICENSE NUMBER	DATES HELD	CITY AND STATE
1.		FROM TO	
2.		FROM TO	
3.		FROM TO	

FOR OFFICE USE ONLY

Application Date: _____ Corresponding Permit #: _____ Received by: _____ Live Scan Rec: _____

Records Check: _____ RI01 OK or: _____

Approving Officer: _____ Date: _____

2. Have you ever had any permit or license issued by any agency or board, or any city, county, state or federal agency denied, suspended or revoked? ☐ Yes ☐ No

If yes, please complete below:

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

3. List all criminal convictions, including convictions in another state and those under appeal. Include pleading of guilty to a lesser charge in satisfaction of, or as a substitute for, an original charge, and pleadings of *nolo contendere* or no contest. Expunged convictions must be listed per California Penal Code section 1203.4(a). Infractions are excluded.

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APPLICANT'S SIGNATURE

DATE OF APPLICATION

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REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: CA0371100 Type of Application: Permits and Licensing
Code assigned by DOJ
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

California

State

92112-1431

Zip Code

(619) 531-2250

Contact Telephone No.

Name of Applicant: _____
(Please print) Last First MI

Alias: _____ Driver's License No: _____
Last First

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.)

Level of Service: ☒ DOJ ☒ FBI

If resubmission, list Original ATI
Number: _____

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

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 Avenue

Chula Vista, CA 91911

Contact: (619) 409-5954 M

Monday & Wednesday 2:00 p.m.- 4:00 p.m., **Appointments Only**

Friday 9:00 a.m. -11:30 a.m. **Appointments Only**

www.chulavistapd.org

SAN DIEGO – LSID X54/ML1

San Diego Community College Police

1536 Frazee Road, 1st Floor

San Diego, CA 92108

Contact: (619) 388-6416

Monday – Friday, 8:00 a.m. – 4:00 p.m., **Appointments Only**

LA MESA

La Mesa Police Department

8085 University Avenue

La Mesa, CA 91942

Contact: (619) 667-7592

Monday – Friday, 9:00 a.m. – 4:30 p.m. **Appointments/Walk-In**

***Hours may vary. Call to confirm.**