



## CITY OF OAKLAND PARK

### MASSAGE THERAPY CERTIFICATE OF USE PERMIT APPLICATION

#### Steps for Obtaining a Massage Therapy Certificate of Use Permit

**All Massage and Health Spa Businesses in the City of Oakland Park must obtain a Certificate of Use Permit prior to occupying or doing business within the City of Oakland Park.**

#### **Qualifications for a Certificate of Use Permit**

All applicants for permits must be eighteen (18) years of age or older. In addition, all applicants **MUST NOT** have previously been convicted in any jurisdiction of any of the following:

- Any crime of dishonesty
- Any crime relating to kidnapping
- Any crime relating to human trafficking
- Any crime relating to battery or sexual battery
- Any crime relating to lewdness, assignation, prostitution, or sexual misconduct
- Any crime relating to obstruction of justice
- Any crime relating to false imprisonment
- Any crime relating to luring or enticing a child
- Any crime relating to human smuggling
- Any crime relating to lewd and lascivious conduct
- Any crime relating to computer pornography or
- Any crime relating to abuse of children.

#### **Per City ordinance Sec. 7-156 each applicant must adhere to the following:**

- Ensure the applicant's state license is current.
- Provide documentation that the applicant's state license will not expire during the fiscal year for which the Massage Therapy Service Permit is issued (or if such the case, that a renewal for the state license has been filed).
- Provide accessible information to the City that there are no pending Department of Health administrative complaints against the applicant which seek permanent revocation or suspension of the applicant's state license.
- Provide accessible information to the City that there are no pending Department of Health administration complaints against the applicant's state license seeking a restriction of practice or placement on probation (the city may disregard this evidence if it receives a resolution from the Board of Massage Therapy, or a letter from the executive director of the Department of Health indicating that the remedy sought will not preclude the applicant from pursuing the massage therapy services permit.
- Provide documentation that the applicant is not being prosecuted, or has criminal charges pending at the state or federal level, at the time the city must approve or deny the application for the massage therapy services permit, or where the applicant has within the five (5) years preceding the date of the application pled guilty or nolo contendere to crimes involving the disqualifying conduct as within this section.

## Required Documentation

### **The following items must be submitted with a fully completed Massage Therapy Service Certificate of Use Permit Application**

- Proof of valid Florida Board of Massage Therapy license issued to the establishment in accordance with F.S. 480.043.
- Proof of valid Florida Board of Massage Therapy or other state health care practitioner license for all personnel providing massage services at the establishment, in accordance with F.S. 480.041 or F.S. Ch. 456; or proof of Florida Board of Massage apprenticeship approval as defined in F.S. 480.033, if applicable.
- A copy of a valid photographic identity card issued by a governmental agency which provides the applicant's (s') date of birth and identity (U.S. Passport, State identification card or driver's license).
- The residential address, primary phone number, and cellular telephone number (if different) of the applicant (s).
- A complete listing of any criminal convictions of the applicant (s), the jurisdiction(s), and the date(s) of the conviction (s).
- Two (2) front-face portrait photographs of the applicant(s), at least two (2) inches by two (2) inches, taken within the thirty (30) days preceding the date of application. (Passport Type Photo will be accepted).
- The address of the massage establishment, the name of the property owner(s) where the massage establishment is located, and all known contact information (address, phone, cellular phone, and email) for the property owner(s); if the property is owned by a corporation, then the applicant(s) shall provide the name(s) of the individual(s) who own the corporation and all known contact information (address, phone, cellular phone, and email).
- A complete list of the names and residential addresses of all other massage establishment employees and the names of any designated massage establishment technicians at the time of the application.
- If the establishment is an existing business a copy of your Business Tax Receipt must be attached.

You can submit your application to the Planning and Zoning Division or mail the check and application to the address below. The Planning and Zoning Division hours are Monday through Friday- 8:00 a.m. to 5 p.m.

**City of Oakland Park  
Planning and Zoning Division  
5399 Dixie Highway  
Oakland Park, FL 33334**

## Terms of Massage Therapy Service Certificate of Use Permit

Once issued, a massage therapy services permit shall remain valid for a period of three hundred sixty-five (365) calendar days, or until there is a change of the use, ownership, name, location of the establishment from that specified on the approved certificate of use permit, or until such time that the city-issued business tax receipt (BTR) expires.

### Renewals

The operator of any massage and health spa, state licensed business establishment that holds an approved permit must submit an application to renew the permit within thirty (30) days prior to the expiration date of the current permit in order to continue operating.

(Inspections will be scheduled after the renewal application is reviewed by the Planning and Zoning Division).

### Requirement to supply updated information

Each establishment holding a Massage Service Certificate of Use Permit must supply the city updated information with the annual Business Tax Receipt renewal during the term of a massage service permit each establishment holding a permit must supply the City with the following information on a form, and in the manner prescribed by the city:

- Revocation, expiration, or change to the status of the state licenses.
- Updated state driver's license or other government-issued identification information for all personnel providing massage services at the establishment, including new staff members.
- Proof of valid licensure of any new employees, within seven days of employment.
- When there is a change of the use, ownership, business name, or establishment name, or establishment location from that specified on the approved permit, a new permit shall be required.

## Massage and Health Spa Certificate of Use Permit Requirements

**All Massage Therapy and Health Spa's businesses are required to enact the following procedures and requirements.**

- During the hours of operation, all doors leading into the business where the public enters should be unlocked at all times during business hours and not restricted for entry. No buzzer systems are allowed on exterior doors of the establishment where the public enters the establishment. In order for the public to be able to see inside the establishment, all windows must be clear and unobstructed.

- A window sign is a permanent or temporary sign painted on a store front window or door and include any interior signs or advertising within five (5) feet of a window excluding merchandise display. Window signs may not exceed 15% of the window area. No more than two (2) signs per window are permitted. Window area is defined as contiguous window panels separated by dividers less than six (6) inches in width. Window signs are only permitted on ground floor establishments and each window of a ground floor establishment may have a window sign. Window signage must be maintained so that there is a clear and unobstructed view of the cash register and transaction area.
- Window tinting on the windows of the establishment is prohibited if such tinting reduces exterior or interior viewing during the hours of operation.
- A licensed Massage Therapist of the State of Florida must be present at the establishment during all hours of operation when massages are offered and/or performed.
- As necessary, routine inspections of the establishment will be conducted periodically by the Broward Sheriff's Office (BSO) and the Code Enforcement Division for code compliance determination.
- Hours of operation of all new establishments will be restricted and will not be permitted to be open to the public between the hours 10:00 pm and 7:00 am seven days a week.
- A second party in the form of an owner or manager designated must be present while the establishment is open for business. The business cannot be staffed solely by a Massage Therapist. The owner or manager designated is responsible for supervising the conduct of all Massage Therapist providing therapeutic massage and ensuring they conform to the requirement of this code.

### **YOU MUST POST "A NOTICE OF PROHIBITED ACTS STATEMENT"**

Every person owning, operating or managing a massage and health spa, state-licensed business establishment shall post a copy of the Prohibited Acts Statement, which can be found at [www.oaklandparkfl.gov](http://www.oaklandparkfl.gov)

### **Inspections**

Inspections are required for all Massage Therapy and Health Spa Businesses. The Regulatory Licensing Division will contact you to schedule an inspection. Inspections are conducted Monday through Friday from 8:30 am to 4:30 pm.

**If you have questions regarding the inspection, please contact the Regulatory Licensing Division at 954-630- 4400**

### **Exemptions**

Massage services in state-licensed hospitals and hospices, or those massages provided by a massage therapist acting under the direction of a licensed medical provider or practitioner, shall be exempt from the Massage and Health Spa permit requirements.

## Fees

Application - \$500.00 (Non-refundable)

Renewal - \$250.00 (Non-refundable)

Inspection - \$150.00 (Non-refundable)

## Massage Therapy Service Permit Revocation

**The following shall be nonexclusive grounds for revocation of a massage therapy services permit:**

- Noncompliance with any provision in the City code for Massage Therapy Service permit requirements.
- Noncompliance with F.S. Ch. 480; or
- Failure to update information as required by the City code for Massage Therapy Service Permit subsection (4) or
- The City's determination that issuance of a permit was granted based upon false information, misrepresentation of fact, or mistake of fact by the representative of the establishment holding the permit, or his or her agent; and
- Noncompliance with the reporting required in the City code for Massage Therapy Service Permit Section (B) (3).



## CITY OF OAKLAND PARK MESSAGE THERAPY SERVICE PERMIT APPLICATION

### TO BE COMPLETED BY APPLICANT

**Submittal Date:** \_\_\_\_\_

Business Name or D/B/A (if applicable): \_\_\_\_\_

Business Owner/Corporation/Partnership: \_\_\_\_\_

Business Address: \_\_\_\_\_ Suite/Unit # \_\_\_\_\_

Owner Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

The following items must be submitted:

- Proof of valid Florida Board of Massage Therapy license issued to the establishment.
- Proof of valid Florida Board of Massage Therapy or other state health care practitioner license for all personnel providing massage services at the establishment.
- A copy of a valid photographic identity card issued by a governmental agency which provides the applicant's (s') date of birth and identity (U.S. Passport, State identification card or driver's license).
- Two (2) front-face portrait photographs of the applicant(s), at least two (2) inches by two (2) inches, taken within the thirty (30) days preceding the date of application.
- If the establishment is an existing business a copy of your Business Tax Receipt must be attached.

I acknowledge I have reviewed this application and all information contacted herein has been freely and voluntarily provided. All facts and statements contained herein are true, correct and complete to the best of my knowledge and belief. I also acknowledge and understand that the issuance of a City of Oakland Park Massage Therapy Certificate of Use Permit is contingent upon a zoning compliance approval and inspection. Any and all code violations, open permits (expired or issued) must be satisfied prior to submitting the aforementioned application.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print/Type Applicant's Name

\_\_\_\_\_  
Business Name