



# SAN FRANCISCO PLANNING DEPARTMENT

**MEMO**

**DATE:** February 21, 2008

**TO:** Applicants seeking Planning and Health Department Approval to Operate Massage, Acupressure, or Reflexology as an Accessory to a Business.

**FROM:** San Francisco Planning Department

**RE:** Affidavit for Massage, Acupressure, and Reflexology as an Accessory to Personal or Medical Services Use

1650 Mission St.  
Suite 400  
San Francisco,  
CA 94103-2479

Reception:  
**415.558.6378**

Fax:  
**415.558.6409**

Planning  
Information:  
**415.558.6377**

The following affidavit by owner or state licensed professional employed by the business is required pursuant to a Zoning Administrator's Interpretation of Planning Code Sections 204, 790.114, 790.116, 890.114 and 890.116, dated May, 2007:

*"The application for accessory massage use must include floor plans showing the medical or personal service rooms and massage rooms and copies of any State and/or local licenses held by the medical professionals and other employees. Also, State-licensed professionals or establishment owner (if no employees possess a State license) must submit an affidavit describing the type of services provided by each employee on the premises, the total number of employees, and working hours of State-licensed professional(s) and other employees."*

You may submit this affidavit along with your Health Permit Zoning Referral Application (page 2B) at the Department of Environmental Health or you may mail (or fax: 415.558.6409) the affidavit separately to the Planning Department at the following address:

Affidavit for Massage as Accessory to Personal or Medical Services Use  
Attn: Georgia Powell  
San Francisco Planning Department  
1650 Mission Street, Suite 400  
San Francisco, CA 94103-2479



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## Affidavit for Massage, Acupressure, Reflexology as an Accessory to Personal or Medical Services Use

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I, \_\_\_\_\_, do hereby declare as follows:

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

\_\_\_\_\_

b. The establishment primarily provides medical or personal services and provides massage only as an accessory use. The space used for massage is as shown on the attached plans.

c. I am a duly authorized officer or owner of the subject business.

d. The subject business has a total of \_\_\_\_\_ employees (also include the business owner and operator if they also provide any services).

e. The services provided and hours worked for each employee are as follows (attach additional sheets as necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

f. No more than two massage therapists are present at any given time during the Operating hours of the business.

g. A state licensed medical professional is always present during the operating hours of the medical service business.

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 \_\_\_\_\_ (location).

\_\_\_\_\_  
Name (Signature)

\_\_\_\_\_  
Name (Print), Title

Contact Phone Number

Memo