Code Enforcement Division
Massage Regulation and Massage Establishment Registration Program

100 Santa Rosa Ave. Room 3 Santa Rosa, CA 95404
(707) 543-3200
Email: massage@srcity.org
www.srcity.org/massage

City of Santa Rosa
PLANNING & ECONOMIC DEVELOPMENT

MASSAGE ESTABLISHMENT CERTIFICATION (MEC) REGISTRATION APPLICATION

☒ New Registration (fee: $205.76) ☐ Renewal (fee: $148.88 / $334.92)

ESTABLISHMENT INFORMATION

The Establishment name must correspond to the named lessor on any lease agreement; with the name on the Zoning Clearance and Business Tax Certificate; and – if/when required – with the name on the Administrative Adjustment or other Planning approval.

If the Establishment operates as a minor or incidental component of a larger use, you **may** apply for an Administrative Adjustment.

If the Establishment offers Mobile Massage; is operated as a Home Occupation; or is operated from a "live/work" or "work/live" facility, you **must** apply for an Administrative Adjustment. Additional Zoning approvals may also be required. **Where required, these approvals must be obtained PRIOR to submitting your application.**

Establishment Type (Please check **all** that apply)

☒ Commercial Establishment	☐ Massage is minor/incidental component of a larger use	☐ Establishment is Mobile, or includes Mobile Massage	☐ Establishment is conducted as a Home Occupation	☐ Establishment is conducted from a Live/Work or Work/Live Facility

Legal Name of Establishment: Highway 12 Massage

Establishment Address: 4908 Sonoma HWY Santa rosa CA 95409

Establishment Phone: 707-907-0819

Establishment Website:

Business Tax Certificate No.: 06537952 ☒ copy of BTC attached

Zoning Clearance No.: ☒ copy of ZC attached

BUSINESS OWNER(S)

Please complete information for the primary business owner on the following page. For multiple owners, list all information for each owner on an attached sheet and indicate who the principal contact shall be. If the owner is an LLC or other corporate business entity, attached all documents attesting to the form of business under which the Massage Establishment will be operating (i.e., corporation, general or limited partnership, limited liability company, or other form), along with the legal names, physical addresses (P.O. Boxes are not accepted) and telephone numbers of all listed members of the entity.

Legal Name (First, Middle, Last): Hongyuan LLC		
Business Address: 4908 Sonoma HWY	Residence Address:	
City, State, Zip Code: Santa Rosa CA 95409	City, State, Zip Code:	
Mobile: 707-907-0819	Alternate phone:	Email: highway12massage@gmail.com
Agent for Service of Process (if applicable): Weihong Hu		Corporation/LLC#: Hongyuan LLC
Business Address: 4908 Sonoma HWY	City, State, Zip Code: Santa Rosa CA 95409	
Mobile: 626-210-7839	Alternate phone:	Email: highway12massage@gmail.com

REQUIRED ATTACHMENTS

(Please provide all required materials. Incomplete applications cannot be accepted)

☐	Copies of your Business Tax Certificate and Zoning Clearance
☐	Copy of Lease Agreement
☐	Establishment Floorplan (see sample plan included in the *Success Guide and Checklist*)
☐	List of all Massage Establishment's Employees; Therapists; and Independent Therapists who are engaged to perform Massage for more than 10 cumulative days within any 30-day period. *Include copies of current CAMTC certification status for each therapist.*
☐	For each business owner and employee of the Massage Establishment who is not a certified massage therapist or non-therapist employee, provide proof of application for Live Scan Service. *Due to the temporary unavailability of Livescan, a signed **Applicant Acknowledgement form** is required.*
☐	For each business owner and employee of the Massage Establishment who is not a certified massage therapist or non-therapist employee, provide a written summary of the individual's business, occupation, and employment history for the five (5) years preceding the date of the application. Include the complete dates of such employment history; the name and address of any massage business or establishment, spa, wellness facility, sauna, hot tub facility, bathhouse, or similar business owned or operated by the individual whether inside or outside the county of Sonoma and its incorporated cities.
☐	For each business owner and non-therapist employee, provide a copy of a valid and current California driver's license and/or California identification card.
☐	For each additional business owner, a signed Owner's Acknowledgement and Verification of Information as shown at the bottom of this application.
☐	Verification that any outstanding fines or fees resulting from administrative citations or supplemental inspections conducted pursuant to sections 20-49.040(E) and 20-49.060 of the Massage Ordinance have been remitted. *Application processing cannot be completed until any outstanding fines or fees have been remitted.*

OWNER'S ACKNOWLEDGMENT AND VERIFICATION OF INFORMATION

I acknowledge I have read and understand all the requirements of the City's Massage Ordinance contained in Santa Rosa City Code Chapter 20-49 including, but not limited to:

- My rights to appeal as described in Chapter 20-62 of the Santa Rosa City Code;
- Registration and Certification Requirements; Operational Requirements; Inspections; Notification Requirements; Violations and Penalties; and Denial and Revocation procedures.

I declare under penalty of perjury that the information contained in this application, this acknowledgement and verification, and in all attached supporting materials were completed by the undersigned and are true and correct.

I understand that all Business Owners shall be responsible for the conduct of the business's employees or independent therapists providing massage services.

I acknowledge that failure to comply with the California Business and Professions Code Section 4600 et seq.; any local, state, or federal law; or the provisions of Santa Rosa City Code Chapter 20-49 may result in revocation of the business's Massage Establishment Certificate, and that any person, entity and/or corporation who violates any portion of this chapter shall be subject to prosecution and/or administrative enforcement under SRCC Chapter 1-30.

Hongyuan LLC	HONGYUAN LLC SIGNE BY Signed by: Weihong Hu 171F7E2BED2C472...	9/23/2025
Printed Name	Signature of Owner	Date

Note: Each business owner identified on this application must complete this acknowledgement and verification form.