



**MESSAGE ESTABLISHMENT
PROPERTY OWNER ACKNOWLEDGMENT**

Applicant Name: _____

Message Establishment Name: _____

Message Establishment Address: _____

Dear Property Owner:

The above-named Applicant has applied for a new or renewed City of Laguna Hills Operator's Permit to operate a massage establishment at the above-referenced location.

If the Applicant is not the legal owner of the real property, a notarized acknowledgment is required from the owner of the property that a massage establishment will be located on his or her property and that the massage establishment shall be subject to Chapter 4.28 (Massage Establishments) of Title 4 (Business Regulations) of the Laguna Hills Municipal Code.

Please list all persons on the lease agreement, including any additional persons known by you to have responsibility for this lease:

- 1) _____
- 2) _____
- 3) _____

NOTARIZED ACKNOWLEDGMENT

Property Owner: _____

Business Address: _____

Telephone Number: _____

I, the undersigned acknowledge that a massage establishment will be located at the massage establishment location address identified above and that I am the owner of record of the property or that I am an agent of the owner duly authorized to represent the owner in such matters. I further acknowledge and understand that the massage establishment shall be subject to the regulations, rules and restrictions set forth in Chapter 4.28 (Massage Establishments) of Title 4 (Business Regulations) of the Laguna Hills Municipal Code, as may be amended from time to time, and that as a result of any violation of these regulations, rules or restrictions, the City may prohibit *any* massage establishment from operating on the premises for a twelve (12) month period (LHMC §§ 4-28.050(F)-(H) and 4-28.120).

I declare under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

Signed: _____

Printed Name: _____

Title: _____ Telephone Number: _____

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
)ss.
County of _____)

On _____ before me, _____, Notary Public,
personally appeared _____

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____

FOR NOTARY STAMP