Massage or Spa Establishment License Application

In addition to obtaining an occupation tax certificate pursuant to the Chapter 10 Ordinance, all persons, firms or corporations operating or desiring to operate a massage or spa establishment shall, before engaging in such trade, business or profession, make application for a license in the form and manner prescribed in the Chapter 10 City Ordinance.

If the applicant is a partnership, limited liability company, corporation, or other legal entity, the application must be executed by an officer, member, partner or shareholder, as applicable, and, if a different person, the employee or agent primarily responsible for the operation of the massage or spa establishment. The applicant to operate a massage establishment must be the owner of the premises wherein the business will be conducted or the holder of a lease thereon for the period to be covered by the certificate.

There shall be an annual regulatory fee, consisting of a nonrefundable investigative fee and a license fee, for each massage and spa establishment licensed within the city. The full regulatory fee shall be paid with the license application and shall not be prorated under any circumstances. If the applicant withdraws the application or the license is denied, the applicant shall be refunded the full license fee paid. No refund shall be allowed once the license has been issued.

All licenses granted hereunder shall be for the calendar year and expire on December 31 of each year. Each subsequent application shall be treated as an initial application and the applicant shall be required to comply with all rules and regulations for the granting of licenses as if no previous license had been held. Existing licensees shall file applications by December 1 of each year for the following license.

Effective October 21, 2013, new massage and spa establishments will only be permitted in locations zoned C-2 and M. Please contact the Zoning Department to ensure the location you are seeking is permitted allowable use for massage and spa services.

Please submit the following Massage or Spa Establishment License Application and required supplemental materials (detailed in the following checklist) in person to the Finance Department located at 41 Perimeter Center East, Suite 250, Dunwoody, GA 30346. If you have questions, please do not hesitate to contact the Finance Department at 678.382.6700.
# Massage or Spa Establishment License Application

<table>
<thead>
<tr>
<th>BUSINESS INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BUSINESS NAME/DBA</strong></td>
</tr>
<tr>
<td><strong>LOCATION ADDRESS</strong></td>
</tr>
<tr>
<td><strong>SUITE</strong></td>
</tr>
<tr>
<td><strong>BUSINESS PHONE</strong></td>
</tr>
<tr>
<td><strong>MAILING ADDRESS</strong></td>
</tr>
<tr>
<td><strong>FEDERAL ID (FEIN) OR SSN (Sole Proprietor/Owner)</strong></td>
</tr>
</tbody>
</table>

**BRIEFLY DESCRIBE ALL BUSINESS ACTIVITIES AT ESTABLISHMENT**

**APPLICANT/LICENSEE NAME** – The name of the officer, partner, employee or agent primarily responsible for the operation of the licensed premises.

**PRIMARY CONTACT PHONE**

**MANAGERS OR SUPERVISORS** – List all managers or supervisors of the location and their State of Georgia massage therapist license or Dunwoody work permit information. Attach a copy of a government issued picture I.D. If a State license, attach a copy of the State license. Attach a separate list if necessary.

1. **NAME**
   - **TITLE/OCCUPATION**
   - **PHONE #**
   - **HOME ADDRESS, CITY, ST & ZIP**
   - **STATE LIC OR CITY PERMIT #**

2. **NAME**
   - **TITLE/OCCUPATION**
   - **PHONE #**
   - **HOME ADDRESS, CITY, ST & ZIP**
   - **STATE LIC OR CITY PERMIT #**

**CORPORATE OR OWNER INFORMATION**

**TYPE OF OWNERSHIP** (check one)
- [ ] CORPORATION
- [ ] FOREIGN CORP
- [ ] SOLE PROPRIETOR
- [ ] PARTNERSHIP

**CORPORATE/OWNER NAME**

**CORPORATE/OWNER ADDRESS**

**OFFICERS, PARTNERS OR STOCKHOLDERS** – List all officers, directors, and partners, members, or shareholders holding a 10% or greater ownership interest in such legal entity. If there is no shareholder with at least a 10% interest, list the 10 shareholders with the greatest ownership interest. Attach a separate list if necessary.

1. **NAME**
   - **TITLE/OCCUPATION**
   - **PHONE #**
   - **HOME ADDRESS, CITY, ST & ZIP**
   - **% OF SHARES, IF APPLICABLE**

2. **NAME**
   - **TITLE/OCCUPATION**
   - **PHONE #**
   - **HOME ADDRESS, CITY, ST & ZIP**
   - **% OF SHARES, IF APPLICABLE**
APPLICATION MUST BE COMPLETED IN FULL AND SUBMITTED IN PERSON TO THE CITY OF DUNWOODY, WITH FULL PAYMENT OF ALL FEES.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>(3)</td>
<td>NAME</td>
<td>TITLE/OCCUPATION</td>
</tr>
<tr>
<td>(4)</td>
<td>NAME</td>
<td>TITLE/OCCUPATION</td>
</tr>
<tr>
<td>(5)</td>
<td>NAME</td>
<td>TITLE/OCCUPATION</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FEES</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) License Fee</td>
</tr>
<tr>
<td>(b) Background Investigation</td>
</tr>
<tr>
<td>(c) Work Permit Fee</td>
</tr>
<tr>
<td>(d) Total Amount Due</td>
</tr>
</tbody>
</table>

Make checks or money order payable to: City of Dunwoody
APPLICANT CHECK LIST: (For Applicant to Check as Each Item is Completed and Attached to Application)

☐ Completed application with full payment of all regulatory fees, notarized.
☐ “Registered Agent Information Form.” The registered agent must reside in DeKalb County.
☐ “Authorization for Background Investigation” form for all applicable persons, officers, directors, partners, members and shareholders who do not have a State Massage Therapist License.
☐ Completed “Massage Therapist and Employee List” with work permit and/or State license information. See “Massage Work Permit Application” for specifics on which individuals are required to apply for and obtain a Dunwoody work permit.
☐ “Affidavit Verifying Lawful Presence Within the United States” must be completed by the applicant.
☐ Attach a copy of your valid City of Dunwoody Business Occupation Tax Certificate.
☐ Attach a copy of applicant’s valid driver’s license.
☐ Attach copies of all State licenses for all applicable personnel in the company.

► REFER TO THE CITY OF DUNWOODY MUNICIPAL CODE CHAPTER 10, ARTICLE IX, MASSAGE ESTABLISHMENTS AND SPAS, FOR A COMPLETE REFERENCE TO THE CITY’S REGULATIONS.

Georgia, DeKalb County

I, _____________________________, being duly sworn to law, do swear that the statements made by me in the above and foregoing answers to questions are true, and no false, or fraudulent statement is made herein and such statements were made in order to procure the granting of such a license. I hereby authorize the City of Dunwoody or its designated agent to obtain and review copies of any criminal and/or driver’s histories in my name or any alias used by me in the past or at the present. I understand that this information may be used against me during the course of the City of Dunwoody’s investigation. I further certify that I will notify the City of Dunwoody Office of the City Manager of any changes affecting my status and/or position with this company.

______________
Print Name and Title of Applicant

____________________
Signature of Applicant

Subscribed and sworn to before me

This the _____ day of __________________, 20__.

__________________________
(Clerk/Notary Public)

My commission expires: __________________________
**O.C.G.A. § 50-36-1(e)(2) Affidavit Verifying Status for City Public Benefit**

**This form is required for ALL LICENSES/PERMITS by State Law**

By executing this affidavit under oath, as an applicant for a massage regulatory license, as referenced in O.C.G.A. § 50-36-1, from the City of Dunwoody, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

1) ________ I am a United States citizen
   (Must include copy of either current State Driver’s License, Passport, or Military ID)

2) ________ I am a legal permanent resident of the United States**
   (Must include a copy of your current State Driver’s License and either a copy of your Permanent
   Resident Card or Employment Authorization Card)

3) ________ I am a qualified alien or non-immigrant under the Federal
   Immigration and
   Nationality Act with an alien number issued by the Department of Homeland
   Security or other federal immigration agency.**
   (Must include a copy of your current State Driver’s License and either a copy of your Permanent
   Resident Card or Employment Authorization Card)

   **My alien number issued by the Department of Homeland Security or other federal immigration agency is: __________________________.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in ___________ (city), ___________ (state).

__________________________________
Signature of Applicant

__________________________________
Date

__________________________________
Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE ____ DAY OF ______________, 20___.

____________________________
My Commission Expires: ___________

NOTARY PUBLIC/SEAL
Background Check Consent Form

***PLEASE NOTE: Background Checks are only performed between the hours of 9AM-11AM and 1PM-3PM on Tuesdays and Thursdays.

I authorize the Dunwoody Police Department to receive any criminal history record information pertaining to me, which may be in the files of any federal, state, and/or city criminal justice agency in Georgia.

Print Full Name:________________________________________________________________

Maiden Name/Previous Name/Alias Info:_____________________________________________.

Date: _____________________ Telephone Number: __________________________

Driver’s License No: ___________________ DL State: __________

Are you a U.S. Citizen?   Yes______   No______

If no, you will need to have your Green Card available.  Country of Birth: __________

Date of Birth:_____________Race:______Sex:______Social Sec#:_______________________

Street Address:___________________________________________________________

City:___________________County:_______________State:______Zip:_________________

Business Name: ____________________________________________________________

Business Address: ___________________________________________________________

Signature of Applicant:_______________________________________________________

For Finance Dept Use Only:

☐ Only Background Check & Fingerprints (No Permit Required)
☐ Only Background Check (No Permit Required)
☐ Return Results to Finance Department
☐ Massage Permit (Photo, Background Check, Fingerprints)--Issue to Applicant (Exp. 1 yr)

Employee Completing: ________________ Date Complete:__________________________

Record Attached: ___________________ No Record:______________________________
City of Dunwoody Ordinance Chapter 10, Article IX, Section 269(a6) requires every business applying for or holding a massage establishment or spa license to have and continuously maintain a registered agent for service of process of any notice permitted by law under the Chapter 10 Ordinance. The registered agent must live in DeKalb County. The owner can be their own registered agent if they live in DeKalb County.

I, __________________________________________, do hereby consent to serve as the registered agent for the licensee, owners, officers and/or directors of the above business and to perform all obligations of such agency under the provisions of City of Dunwoody Ordinance Chapter 10, Article IX, and Section 269(a6).

Signature of Agent: _____________________________ Date: __________________

The owner(s) or an officer of the corporation must authorize the person shown above to be their agent. It is the owner’s responsibility to maintain a registered agent who lives in DeKalb County. Failure to maintain a registered agent shall be grounds for suspension or revocation of your massage establishment or spa license.

<table>
<thead>
<tr>
<th>Agent Information</th>
<th>Name</th>
<th>Last:</th>
<th>First:</th>
<th>Middle:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth:</td>
<td>/</td>
<td>/</td>
<td>Social Security Number: - -</td>
<td></td>
</tr>
<tr>
<td>Home Address:</td>
<td></td>
<td></td>
<td>City/State/Zip:</td>
<td></td>
</tr>
<tr>
<td>Are you a U.S. Citizen?</td>
<td></td>
<td>Home Telephone Number:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex: Male</td>
<td>Female</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Business Name:</td>
<td></td>
<td></td>
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<tr>
<td>Business Name:</td>
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<td></td>
</tr>
<tr>
<td>Street Address:</td>
<td></td>
<td></td>
<td>City/State/Zip</td>
<td></td>
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<tr>
<td>Licensee Name</td>
<td></td>
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<tr>
<td>Licensee’s Signature</td>
<td>Date</td>
<td></td>
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<tr>
<td>Owner’s Name</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Owner’s Signature</td>
<td>Date</td>
<td></td>
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<tr>
<td>Officer’s Name</td>
<td></td>
<td></td>
<td>Title</td>
<td></td>
</tr>
<tr>
<td>Officer’s Signature</td>
<td>Date</td>
<td></td>
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</table>

One picture taken within the last year are required. Attach one picture of the agent here on each form.
# Massage Therapist and Employee List

Each business holding a massage or spa establishment license, as required by the City, shall maintain and file with the City’s revenue division the name of all massage therapists, including independent contractors, and employees, their home addresses and home telephone numbers, their duties and services performed for the massage or spa establishment and whether such employee has a state license or city work permit. The licensee shall report any changes in the list of massage therapists and employees to the City’s revenue division within ten (10) days from the date of such change.

- City work permits are required for all on-premises owners, managers or supervisors who are in charge of managing the massage establishment as required by the City and who do not otherwise hold a license issued under Article IX of Chapter 10 of the Code of the City of Dunwoody, and massage therapists not possessing a state-issued massage therapist license who desire to engage in the business, trade or profession of massage therapy or manage a massage and/or spa establishment. A work permit does not authorize an individual to perform any activity requiring state licensure.

**Attach copies of state licenses with government issued picture I.D. for all Georgia licensed massage therapists.**

<table>
<thead>
<tr>
<th>(1)</th>
<th>NAME OF EMPLOYEE</th>
<th>DUTIES &amp; SERVICES PERFORMED FOR THE ESTABLISHMENT</th>
<th>HOME ADDRESS, CITY, STATE &amp; ZIP</th>
<th>HOME PHONE NUMBER</th>
<th>STATE MASSAGE THERAPIST LICENSE #</th>
<th>OR CITY WORK PERMIT #</th>
<th>LICENSE OR PERMIT EXPIRATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>(2)</td>
<td>NAME OF EMPLOYEE</td>
<td>DUTIES &amp; SERVICES PERFORMED FOR THE ESTABLISHMENT</td>
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<td>HOME PHONE NUMBER</td>
<td>STATE MASSAGE THERAPIST LICENSE #</td>
<td>OR CITY WORK PERMIT #</td>
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<td>DUTIES &amp; SERVICES PERFORMED FOR THE ESTABLISHMENT</td>
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<td>(4)</td>
<td>NAME OF EMPLOYEE</td>
<td>DUTIES &amp; SERVICES PERFORMED FOR THE ESTABLISHMENT</td>
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<td>HOME PHONE NUMBER</td>
<td>STATE MASSAGE THERAPIST LICENSE #</td>
<td>OR CITY WORK PERMIT #</td>
<td>LICENSE OR PERMIT EXPIRATION</td>
</tr>
</tbody>
</table>

(Continued on Next Page)
| 5 | NAME OF EMPLOYEE | DUTIES & SERVICES PERFORMED FOR THE ESTABLISHMENT |
|   | HOME ADDRESS, CITY, STATE & ZIP | HOME PHONE NUMBER |
|   | STATE MASSAGE THERAPIST LICENSE # OR CITY WORK PERMIT # | LICENSE OR PERMIT EXPIRATION |

| 6 | NAME OF EMPLOYEE | DUTIES & SERVICES PERFORMED FOR THE ESTABLISHMENT |
|   | HOME ADDRESS, CITY, STATE & ZIP | HOME PHONE NUMBER |
|   | STATE MASSAGE THERAPIST LICENSE # OR CITY WORK PERMIT # | LICENSE OR PERMIT EXPIRATION |

| 7 | NAME OF EMPLOYEE | DUTIES & SERVICES PERFORMED FOR THE ESTABLISHMENT |
|   | HOME ADDRESS, CITY, STATE & ZIP | HOME PHONE NUMBER |
|   | STATE MASSAGE THERAPIST LICENSE # OR CITY WORK PERMIT # | LICENSE OR PERMIT EXPIRATION |

| 8 | NAME OF EMPLOYEE | DUTIES & SERVICES PERFORMED FOR THE ESTABLISHMENT |
|   | HOME ADDRESS, CITY, STATE & ZIP | HOME PHONE NUMBER |
|   | STATE MASSAGE THERAPIST LICENSE # OR CITY WORK PERMIT # | LICENSE OR PERMIT EXPIRATION |

| 9 | NAME OF EMPLOYEE | DUTIES & SERVICES PERFORMED FOR THE ESTABLISHMENT |
|   | HOME ADDRESS, CITY, STATE & ZIP | HOME PHONE NUMBER |
|   | STATE MASSAGE THERAPIST LICENSE # OR CITY WORK PERMIT # | LICENSE OR PERMIT EXPIRATION |

| 10 | NAME OF EMPLOYEE | DUTIES & SERVICES PERFORMED FOR THE ESTABLISHMENT |
|    | HOME ADDRESS, CITY, STATE & ZIP | HOME PHONE NUMBER |
|    | STATE MASSAGE THERAPIST LICENSE # OR CITY WORK PERMIT # | LICENSE OR PERMIT EXPIRATION |

► Attach a separate list if necessary ◄
Massage Work Permit Application

Applications must be completed in full and submitted to Revenue in person between the hours of 9:00am – 11:00am or 1:00pm – 3:00pm, Tuesdays & Thursdays. Submit the completed application with a government-issued picture I.D., completed “Affidavit Verifying Lawful Presence Within the United States,” and payment in the amount of $100.00 ($50 permit fee, $50 background check fee).

► City work permits are required for all on-premises owners, managers or supervisors who are in charge of managing the massage establishment as required by the City and who do not otherwise hold a license issued under Article IX of Chapter 10 of the Code of the City of Dunwoody, and massage therapists not possessing a state-issued massage therapist license who desire to engage in the business, trade or profession of massage therapy or manage a massage and/or spa establishment. A work permit does not authorize an individual to perform any activity requiring state licensure.

I. Applicant Name: _______________________________ Social Security Number: _____ - _____ - _____

Gender: (Check One) □ Male or □ Female Maiden, Married, Alias or Other Names Used: _______________________________

Date of Birth: _____/_____/_______ Driver’s License Number: ___________________________ State Issued: ________

Race: __________________________ Birthplace: (City, State & Country) ________________________________

Email Address: __________________________

Phone: __________________________

II. Address Information – list all home addresses over the past five (5) years; use the back of this sheet if more space is needed.

Current Address: __________________________ Apartment/Unit: __________________________

City: __________________________ State: _____ Zip Code: _______ Period: (mm/yy)_____ / _____ to _____ / ______

Previous Address: __________________________ Apartment/Unit: __________________________

City: __________________________ State: _____ Zip Code: _______ Period: (mm/yy)_____ / _____ to _____ / ______

Previous Address: __________________________ Apartment/Unit: __________________________

City: __________________________ State: _____ Zip Code: _______ Period: (mm/yy)_____ / _____ to _____ / ______

III. Have you been arrested and/or convicted for a misdemeanor or felony within the past five (5) years?

(Check One) □ Yes or □ No If yes, please explain below:

________________________________________________________________________________________

________________________________________________________________________________________

IV. Establishment Name & Street: ____________________________________________________________

Applicant Signature: __________________________ Date: __________________________