

Pain Management Clinics Additional Requirements

Chapter 10 of the City of Dunwoody Code of Ordinances is hereby amended by new Section 10-23 to Article I (In General), titled "Additional Requirements for Pain Management Clinics."
(If additional space is needed please attach a separate sheet)

****Background Checks are required (\$50 fee--only performed on Tuesdays & Thursdays between 9am-11am or 1pm-3pm)**

Business Name: _____

Business Address: _____

***Name & DEA number of every licensed physician practicing, associated or with an ownership interest in the business:**

Physician Name: _____ / DEA #: _____

***Include copy of a valid license for each physician.**

***Business' website address:** _____

***List of locations of any other clinics or practices associated with or owned by the same parties as applicants:**

Location: _____

Location: _____

Location: _____

***List of the Board of Directors, officers and partners of the business and all persons with a financial interest in the business:**

(1): _____

(2): _____

(3): _____

Please sign and date below acknowledging that you understand Section 10-23 of the Dunwoody Ordinance and have submitted all additional requirements for Pain Management Clinic listed above.

Signature: _____

Date: _____