

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 – 2:45pm, 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: _____ - _____ - _____
Last Name First Name MI

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) _____

Phone: _____ Email Address: _____
(Check One) Mobile or Home

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:** _____

Background Check Consent Form

*****PLEASE NOTE: Background Checks are only performed between the hours of 9AM-11AM and 1PM-2:45PM 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: _____