



## **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 4800 Ashford Dunwoody RD, Dunwoody, GA 30338. If you have questions, please do not hesitate to contact the Finance Department at 678.382.6700.

## Massage or Spa Establishment License Application

<b>BUSINESS INFORMATION</b>				
BUSINESS NAME/DBA			LICENSE # <i>(assigned by the City)</i>	
LOCATION ADDRESS		SUITE	CITY	
STATE		ZIP CODE		
BUSINESS PHONE		EMAIL ADDRESS		WEBSITE ADDRESS
MAILING ADDRESS			CITY	STATE
ZIP CODE				
FEDERAL ID (FEIN) OR SSN (Sole Proprietor/Owner)		DATE BUSINESS OPENED IN CITY		CITY OCCUPATION TAX CERTIFICATE #
BRIEFLY DESCRIBE ALL BUSINESS ACTIVITIES AT ESTABLISHMENT				
APPLICANT/LICENSEE NAME - <i>The name of the officer, partner, employee or agent primarily responsible for the operation of the licensed premises.</i>				PRIMARY CONTACT PHONE
MANAGERS OR SUPERVISORS - <i>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.</i>				
(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 #	
<b>CORPORATE OR OWNER INFORMATION</b>				
TYPE OF OWNERSHIP <i>(check one)</i>				
<input type="checkbox"/> CORPORATION <input type="checkbox"/> FOREIGN CORP <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP				
CORPORATE/OWNER NAME			COPORATE/OWNER PHONE	
CORPORATE/OWNER ADDRESS		CITY		STATE
ZIP CODE				
OFFICERS, PARTNERS OR STOCKHOLDERS - <i>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.</i>				
(1) _____				
NAME		TITLE/OCCUPATION		PHONE #
_____			_____	
HOME ADDRESS, CITY, ST & ZIP APPLICABLE			% OF SHARES, IF	
(2) _____				
NAME		TITLE/OCCUPATION		PHONE #

HOME ADDRESS, CITY, ST & ZIP APPLICABLE	% OF SHARES, IF
(3)	
NAME	TITLE/OCCUPATION
	PHONE #
HOME ADDRESS, CITY, ST & ZIP APPLICABLE	% OF SHARES, IF
(4)	
NAME	TITLE/OCCUPATION
	PHONE #
HOME ADDRESS, CITY, ST & ZIP APPLICABLE	% OF SHARES, IF
(5)	
NAME	TITLE/OCCUPATION
	PHONE #
HOME ADDRESS, CITY, ST & ZIP APPLICABLE	% OF SHARES, IF

**APPLICATION MUST BE COMPLETED IN FULL AND SUBMITTED IN PERSON TO  
THE CITY OF DUNWOODY, WITH FULL PAYMENT OF ALL FEES.**

<b>FEES</b>				
(a) License Fee				\$200.00
(b) Background Investigation <i>(Each owner, officer, director, and partner, member, or shareholders holding a 10% or greater ownership interest in such legal entity, or if there is no shareholder with at least a 10% interest, the 10 shareholders with the greatest ownership interest shall all consent to a background investigation for a period of 10 years prior to the date of application for such license.)</i>	# of Checks _____	X	\$50.00	\$ _____
(c) Work Permit Fee <i>(Required for each owner, manager, and supervisor of the massage establishment that does not have a State of Georgia Massage Therapist license. Required for all employees performing massage services that do not have a State of Georgia Massage Therapist license. Please note these employees can only perform massage services on extremities such as hands, feet and ears. They cannot perform full body massages.)</i>	# of Permits _____	X	\$50.00	\$ _____
<b>(d) Total Amount Due</b>				\$ _____

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 professional State of Georgia 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 valid driver's licenses for all applicable personnel in the company.
- 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.**

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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 \_\_\_\_\_ and  
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\_\_.

\_\_\_\_\_  
NOTARY PUBLIC/SEAL

My Commission Expires: \_\_\_\_\_

## Background Check Consent Form

**\*\*\*PLEASE NOTE: Background Checks are only performed between the hours of 9AM-10:45AM and 1PM-2:45PM on Tuesdays and Thursdays.**

I authorize the **Dunwoody Police Department** to receive any background record information pertaining to me, which may be in the files of any federal, state, and/or city criminal justice agency in Georgia. I also acknowledge that I received a copy of my privacy rights in accordance to both Federal and State regulations.

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
- Work Permit (Photo, Background Check, Fingerprints)-Issue to Applicant (Exp. 1 yr)

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Employee Completing: \_\_\_\_\_ Date Complete: \_\_\_\_\_

Meets Permit/License Requirements: \_\_\_\_\_ Does Not Meet Permit/License Requirements: \_\_\_\_\_

## **APPLICANT PRIVACY RIGHTS**

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. § 35-3-34(b) and §35-335(b)].

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-recordinformation>).

## **PRIVACY ACT STATEMENT**

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine Uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.



## Registered Agent Form

Agent Information	NAME Last:	NAME First:	NAME Middle:
	Date of Birth:        /        /	Social Security Number:        -        -	
	Home Address:		City/State/Zip:
	Are you a U.S. Citizen?	Home Telephone Number:	Business Telephone Number:
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	BIRTHPLACE City:	BIRTHPLACE State:
Business	Business Name:		
	Street Address:		City/State/Zip

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.

Licensee Name	One picture taken within the last year are required. Attach one picture of the agent here on each form.	
Licensee's Signature		Date
Owner's Name		
Owner's Signature		Date
Officer's Name		Title
Officer's Signature		Date

## 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.**

(1)		
	NAME OF EMPLOYEE	DUTIES & SERVICES PERFORMED FOR THE ESTABLISHMENT
	HOME ADDRESS, CITY, STATE & ZIP	HOME PHONE NUMBER
	STATE MESSAGE THERAPIST LICENSE # OR CITY WORK PERMIT #	LICENSE OR PERMIT EXPIRATION
(2)		
	NAME OF EMPLOYEE	DUTIES & SERVICES PERFORMED FOR THE ESTABLISHMENT
	HOME ADDRESS, CITY, STATE & ZIP	HOME PHONE NUMBER
	STATE MESSAGE THERAPIST LICENSE # OR CITY WORK PERMIT #	LICENSE OR PERMIT EXPIRATION
(3)		
	NAME OF EMPLOYEE	DUTIES & SERVICES PERFORMED FOR THE ESTABLISHMENT
	HOME ADDRESS, CITY, STATE & ZIP	HOME PHONE NUMBER
	STATE MESSAGE THERAPIST LICENSE # OR CITY WORK PERMIT #	LICENSE OR PERMIT EXPIRATION
(4)		
	NAME OF EMPLOYEE	DUTIES & SERVICES PERFORMED FOR THE ESTABLISHMENT
	HOME ADDRESS, CITY, STATE & ZIP	HOME PHONE NUMBER
	STATE MESSAGE THERAPIST LICENSE # OR CITY WORK PERMIT #	LICENSE OR PERMIT EXPIRATION

(Continued on Next Page)

**Employee List Continued**

(5) \_\_\_\_\_  
NAME OF EMPLOYEE DUTIES & SERVICES PERFORMED FOR THE ESTABLISHMENT

\_\_\_\_\_

HOME ADDRESS, CITY, STATE & ZIP HOME PHONE NUMBER

\_\_\_\_\_

STATE MESSAGE THERAPIST LICENSE # LICENSE OR PERMIT EXPIRATION  
OR CITY WORK PERMIT #

(6) \_\_\_\_\_  
NAME OF EMPLOYEE DUTIES & SERVICES PERFORMED FOR THE ESTABLISHMENT

\_\_\_\_\_

HOME ADDRESS, CITY, STATE & ZIP HOME PHONE NUMBER

\_\_\_\_\_

STATE MESSAGE THERAPIST LICENSE # LICENSE OR PERMIT EXPIRATION  
OR CITY WORK PERMIT #

(7) \_\_\_\_\_  
NAME OF EMPLOYEE DUTIES & SERVICES PERFORMED FOR THE ESTABLISHMENT

\_\_\_\_\_

HOME ADDRESS, CITY, STATE & ZIP HOME PHONE NUMBER

\_\_\_\_\_

STATE MESSAGE THERAPIST LICENSE # LICENSE OR PERMIT EXPIRATION  
OR CITY WORK PERMIT #

(8) \_\_\_\_\_  
NAME OF EMPLOYEE DUTIES & SERVICES PERFORMED FOR THE ESTABLISHMENT

\_\_\_\_\_

HOME ADDRESS, CITY, STATE & ZIP HOME PHONE NUMBER

\_\_\_\_\_

STATE MESSAGE THERAPIST LICENSE # LICENSE OR PERMIT EXPIRATION  
OR CITY WORK PERMIT #

(9) \_\_\_\_\_  
NAME OF EMPLOYEE DUTIES & SERVICES PERFORMED FOR THE ESTABLISHMENT

\_\_\_\_\_

HOME ADDRESS, CITY, STATE & ZIP HOME PHONE NUMBER

\_\_\_\_\_

STATE MESSAGE THERAPIST LICENSE # LICENSE OR PERMIT EXPIRATION  
OR CITY WORK PERMIT #

(10) \_\_\_\_\_  
NAME OF EMPLOYEE DUTIES & SERVICES PERFORMED FOR THE ESTABLISHMENT

\_\_\_\_\_

HOME ADDRESS, CITY, STATE & ZIP HOME PHONE NUMBER

\_\_\_\_\_

STATE MESSAGE THERAPIST LICENSE # LICENSE OR PERMIT EXPIRATION  
OR CITY WORK PERMIT #

**► 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 – 10:45am 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:** \_\_\_\_\_