



ATLANTA POLICE DEPARTMENT
3493 Donald Lee Hollowell Parkway
Atlanta, Georgia 30331

MESSAGE ESTABLISHMENT RENEWAL
YEAR \_\_\_\_\_

RENEWAL FEE: \$2000.00(Permit), \$100 (Application)

- 1. LEGAL NAME OF BUSINESS: \_\_\_\_\_
2. TRADE NAME OF BUSINESS: \_\_\_\_\_
3. BUSINESS ADDRESS: \_\_\_\_\_
4. FULL NAME OF OWER: \_\_\_\_\_
A. ADDRESS: \_\_\_\_\_
B. BUSINESS PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_
C. CELLUAR PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_
5. RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_
6. HAVE YOU BEEN CONVICTED OF ANY LAW? FEDERAL: \_\_\_\_\_ FOREIGN COUNTRY: \_\_\_\_\_
STATE LAW: \_\_\_\_\_ CITY ORDINANCE: \_\_\_\_\_ IF YES, GIVE EXPLANATION: \_\_\_\_\_
7. DO YOU HAVE ANY PENDING VIOLATIONS OF THE LAW? IF SO, EXPLAIN: \_\_\_\_\_
8. NUMBER OF MASSAGE TECHNICIAN(S) CURRENTLY EMPLOYED BY COMPANY? \_\_\_\_
9. ARE YOU FAMILIAR WITH THE CITY OF ATLANTA ORDINANCES, STATE LAWS AND REGULATIONS GOVERNING THE OPERATION OF ONE OF A MASSAGE ESTABLISHMENT? ( ) YES ( ) NO
10. DID APPLICANT ATTACH A COPY OF INSURANCE AND REGISTRATION FOR ALL COMPANY VEHICLES? ( ) YES ( ) NO

CERTIFICATION

THIS IS TO CERTIFY THAT NO CHANGES HAVE TAKEN PLACE WITH RESPECT TO THE OPERATION OF THE ABOVE NAMED BUSINESS AFFECTING THE OWNERSHIP AS STATED IN THE ORIGINAL APPLICATION. I AM ALSO CERTIFYING AND AFFIRMING THAT THE ANSWERS TO ALL QUESTIONS ON MY ORIGINAL APPLICATION AT THE STATED BUSINESS IS CORRECT AND REMAINS UNCHANGED, APPLICABLE TO THE CITY AND STATE LAWS GOVERNING THE ABOVE ADDRESS.

SIGNATURE OF APPLICANT DATE
SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_.

NOTARY

**MESSAGE TECHNICIAN(S) CURRENTLY EMPLOYEED**

<b>NO.</b>	<b>NAME</b>	<b>SOCIAL SECURITY NUMBER</b>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

**I CERTIFY THAT THE ABOVE LISTED PERSONS ARE EMPLOYED AS A MESSAGE TECHICIAN WITH THE ABOVE LISTED MESSAGE ESTALISHMENT.**

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**SIGNATURE**

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**DATE**

**Georgia Bureau of Investigation  
Georgia Crime Information Center**

**Consent Form**

I hereby authorize CITY OF ATLANTA  
to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

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Full Name (print)

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Address

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

**By signing below I, \_\_\_\_\_ give consent to the above named to perform periodic criminal history background checks for the duration of my tenure as agent, independent contractor, or member of this establishment.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date