



Massage/Spa Establishment Information Sheet

Two Original Applications

Please write legibly in **BLACK** ink or type information. Answer all questions appropriately and in detail. Applications must be signed, dated, and notarized.

Personal History Form

One personal history card, one fingerprint per applicant (each individual involved in the ownership or first five (5) officers of a corporation and the license/agent) must be filled out completely, signed and fingerprinted).

Lease or Valid Document

Shows applicant has legal access to proposed premises (deed, sublease, rental agreement, letter of intent).

Photographs

Two (2) passport photos - size 2X2

Corporate Papers

Attach a copy of corporate charter and by laws which have been properly signed by the Secretary of State and the registered agent(s) for the corporation. List all percentages held and the title of each officer on the application.

Letters of Reference

May be furnished by any three (3) persons who have known the applicant (agent) for at least three (3) years. Include name, address & phone number.

Financial Investments

All applicants must furnish, at time of filing, documentation of all financial investments pertaining to the business operation. (If documents are bank statements, the six months immediately preceding the investment are required).

Fees

Application Fee: \$100.00
Fingerprint Fee: \$20.00
Permit Fee: \$2000.00

Payment for fees will be accepted only in the form of a cashier's check or money order. All application fees are non-refundable. The following money orders will NOT be accepted: Fidelity Express, United One, and US Express. Funds must be on three separate money orders/cashier's checks in the amounts listed above.

If there are any questions concerning the completion of these applications or to make an appointment to file the applications, please call the License and Permits Office at (404) 546-4470. Appointments are taken on Monday, Tuesday, and Wednesday.



**ATLANTA POLICE DEPARTMENT
PERSONAL HISTORY RECORD**

PERMIT TYPE: _____ DATE: _____

Name in FULL (Please Print) _____ Date: _____

Address: _____ Telephone: _____

Place of Birth _____ Date of Birth: _____ Age: _____
(City, State) (Day, Month, Year)

Race: _____ Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____

Social Security Number: _____ Driver's License # _____

Have you been convicted of any law? Federal: _____ Foreign Country: _____ State Law: _____
City Ordinance: _____ if so, explain: _____

List names and addresses of employers for the past three (3) years: _____

Marital Status: _____ Spouse's Name: _____

Finger printed by: _____ Applicant Signature: _____

Date: _____

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CRIMINAL HISTORY CONSENT

I hereby authorize the Atlanta Police Department/License and Permits Unit to receive any criminal history record information pertaining to me which may be in the files of any state local criminal justice agency in Georgia. I also acknowledge that any information I provide on this application can be made publicly available under the Georgia Open Records Act O. C. G. A. 50-18-70.

Have you ever been charged or convicted of any violation of the law? () Yes () No
Date of Occurrence: _____ City: _____ State: _____
Disposition: _____ Explain: _____

I DO HEREBY SWEAR OF AFFIRM THAT THE FOLLOWING IS TRUE AND CORRECT UNDER PENALTY OF CITY ORDINANCE 106-90. _____

(SIGNATURE)

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath as an applicant for a(n) _____
[type of public benefit], as referenced in O.C.G.A. § 50-36-1, from
License & permits _____ [name of government entity], the undersigned applicant
verifies one of the following with respect to my application for a public benefit:

- 1) _____ I am a United States Citizen.
- 2) _____ I am a legal permanent resident of the United States.
- 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.

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

Printed Name of Applicant

**SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
____ DAY OF _____, 20____**

**NOTARY PUBLIC
My Commission Expires:**

Private Employer Affidavit Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Section 1.

Please check only one:

(A) _____ On January 1st of the below signed year, the individual, firm, or corporation employed more than ten (10) employees.

(A) _____ On January 1st of the below signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

***** If the employer selected Section1(A), please fill out Section 2 below.**

Section 2.

The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. §36-60-6. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

Name of Private Employer

Federal Work Authorization User Identification Number

Date of Authorization

I hereby declare under penalty of perjury that the foregoing is true and correct.
Executed on _____, _____, 201__ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 201__.

NOTARY PUBLIC
My Commission Expires: _____

**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.

Full Name (print)

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

Place of Birth: _____

Permanent Resident Alien Number: _____

Citizen of the USA? () Yes () No

Resident of Georgia? () Yes () No

Number of years as residence of Georgia _____ County _____

9. List duties of License/Agent: _____

10. Number of hours Licensee/Agent will actively be on the premises: _____

Hours of operation: From _____ (AM) until _____ (PM)

11. Licensee/Agent business Occupation(s), and/or Employer(s) for the past ten (10) years:

DATE	COMPANY	COMPLETE ADDRESS	POSITION	INTEREST

12. Bank accounts and assets in the name of the Licensee/Agent and/or maintained by the Licensee/Agent whether individual, partnership or corporation:

Type of Acct: _____ Account Number: _____

Bank: _____

Address: _____

Amount: _____

Type of Acct: _____ Account Number _____

Bank _____

Address _____

Amount: _____

13. Full name of manager: _____

Address: _____

Telephone Number: (____) _____ Business: (____) _____

Social Security Number: _____ Date of Birth: _____

Place of Birth: _____

Full name of Spouse, including maiden name: _____

Social Security Number: _____ Date of Birth: _____

Place of Birth: _____

14. If a Corporation or Partnership, indicate the following for all officers, members of the Board of Directors, Trustees and Principal Stockholders (If Partnership, include all Partners):

NAME	ADDRESS	DOB	SSN	POSITION	INTEREST

Name of Corporation: _____

Date of Incorporation: _____

Name of Registered Agent: _____

List sales and disposition of any corporate assets: _____

15. What is the cost of your lifetime membership? _____

16. List any financial interest or ownership which Licensee/Agent or any member of the Partnership or Corporation or Stockholder presently has in any alcoholic beverage license:

DATE	NAME	LOCATION OF PREMISES	POSITION	INTEREST

17. Does Licensee/Agent, Manager or any Partner(s) or any Corporate Officer(s) or Principal Shareholder or Trustee(s) or Spouse have any conviction for the violation of any Federal, State, or Local law(s), Ordinance(s), or Regulation(s), within the last ten (10) years? () Yes () No
18. Does Licensee/Agent, Manger or any Partner(s) or any Corporate Officer(s) or Principal Shareholder or Trustee(s) or Spouse have current proceedings pending for violation of any Federal, State, or Local Law(s), Ordinance(s), or Regulation(s)? () Yes () No
19. For the purpose of this question, the term “CONVICTION” shall include an Adjudication of Guilt, a plea of Guilty, a plea of Nolo Contendere, or Forfeiture of a bond.

PERSON CHARGED	DATE	OFFENSE	LOCATION (Include City & State)	DISPOSITION

20. State the amount and source of money that has or will be invested by each individual who has an Interest in the business. If a corporation or partnership, list each individual separately.

21. Identify and list all assets which will be used or converted for use as an investment in the business: _____

22. Are you familiar with the City of Atlanta Ordinances, State Laws and Regulations governing the operation of one of the following establishment(s)?

- Health Establishment Gymnasium Massage Establishment

23. Do you agree to abide by such Ordinances, Laws and Regulations? () Yes () No

24. Attach a list of name(s) and address(es) of all employee(s) of this establishment.

NAME	ADDRESS

I _____, being duly sworn accordingly to law, do swear that the facts and things stated by me in the foregoing answers to questions are true, and no false or fraudulent statement is made herein that such answers were made in order to procure the granting of such license.

Signature of Licensee/Agent

Sworn to and subscribed before me this _____ day of _____ 20 _____.

Notary Public

Signature and Title of person other than
Licensee/Agent filling out this application

(_____) _____
Telephone Number