

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.

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 41 Perimeter Center East, Suite 250, Dunwoody, GA 30346. If you have questions, please do not hesitate to contact the Finance Department at 678.382.6700.

20___ Massage or Spa Establishment License Application

BUSINESS INFORMATION				
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 #	
CORPORATE OR OWNER INFORMATION				
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			CORPORATE/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.**

FEES

- | | | | | |
|---|-------------|---|---------|-----------------|
| (a) License Fee | | | | \$200.00 |
| (b) Background Investigation | # of Checks | X | \$50.00 | \$ _____ |
| <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> | | | | |
| (c) Work Permit Fee | | | | \$50.00 |
| (d) Total Amount Due | | | | \$ _____ |

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, registered agents, officers, directors, partners, members and shareholders.
- 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.
- E-Verify Affidavit for the company must be completed by the applicant.
- Attach a copy of your valid City of Dunwoody Business Occupation Tax Certificate.
- Attach a copy of applicant's valid driver's license.
- 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.

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: _____

Background Check Consent Form

*****PLEASE NOTE: Background Checks are only performed between the hours of 9AM-11AM and 1PM-3PM 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: _____

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
- Pouring Permit (Photo, Background Check, Fingerprints)-Issue to Applicant (Exp. 1 yr)
- Secondhand Dealer Permit (Photo, Background Check, Fingerprints)-(Exp. December 31st)
- Massage Permit (Photo, Background Check, Fingerprints)--Issue to Applicant (Exp. 1 yr)
- Solicitor's Permit (Photo, Background Check, Fingerprints)-Issue to Applicant (Exp. 3 mos.)

Employee Completing: _____ Date Complete: _____

Record Attached: _____ No Record: _____

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). **I also consent to the required criminal background investigation in order to serve as a registered agent.**

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 8:00 am and 5:00 pm, Monday through Friday. 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 \$50.00.

- *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: _____