



**2023 License Application
 Massage or Spa Establishment License
 Renewal Deadline: November 1, 2022**

<u>BUSINESS INFORMATION</u>										
LEGAL BUSINESS NAME AND DBA										
LOCATION ADDRESS	SUITE/UNIT	CITY	STATE	ZIP CODE						
BUSINESS PHONE	DAY & HOURS OF OPERATION – PERMITTED HOURS ARE 9 AM – 9 PM									
BUSINESS MAILING ADDRESS	CITY	STATE	ZIP CODE							
BRIEFLY DESCRIBE ALL BUSINESS ACTIVITIES AT ESTABLISHMENT										
APPLICANT NAME (person responsible for the operation of the establishment)			APPLICANT CONTACT PHONE							
APPLICANT ADDRESS	CITY	STATE	ZIP CODE							
APPLICANT EMAIL	DOES THE APPLICANT OWN OR LEASE PROPERTY?									
ARE YOU 21 YEARS OF AGE OR OLDER? <input type="radio"/> YES <input type="radio"/> NO										
E-VERIFY Number	<input type="checkbox"/>	I AM EXEMPT from E-VERIFY (Employ less than 11)								
<input type="radio"/> I am a United States citizen <input type="radio"/> I am a legal Permanent Resident* <input type="radio"/> I am Qualified Alien or Non-Immigrant* <u>(*MUST INCLUDE PERMANENT RESIDENT or EMPLOYMENT AUTHORIZATION CARD FRONT & BACK)</u>										
<u>REGISTERED AGENT - MUST BE A DEKALB COUNTY RESIDENT</u>										
NAME			CONTACT NUMBER							
AGENT'S HOME ADDRESS	CITY	STATE	ZIP CODE							
AGENT'S EMAIL										
<table style="width:100%; border: none;"> <tr> <td style="width: 30%; border: none;"> _____ Signature of Registered Agent </td> <td style="width: 20%; border: none;"> _____ Date </td> <td style="width: 50%; border: none;"> Subscribed and sworn to before me This the _____ day of _____, 20____. </td> </tr> <tr> <td style="border: none; text-align: center;"> (SEAL) </td> <td style="border: none; text-align: center;"> NOTARY _____ </td> <td style="border: none;"></td> </tr> </table>					_____ Signature of Registered Agent	_____ Date	Subscribed and sworn to before me This the _____ day of _____, 20____.	(SEAL)	NOTARY _____	
_____ Signature of Registered Agent	_____ Date	Subscribed and sworn to before me This the _____ day of _____, 20____.								
(SEAL)	NOTARY _____									

Date Submitted:	Date Complete Application Filed:	Date License Approved:
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LEGAL ENTITY INFORMATION

TYPE OF OWNERSHIP

CORPORATION FOREIGN CORP *SOLE PROPRIETOR PARTNERSHIP LLC OTHER

LEGAL ENTITY NAME

LEGAL ENTITY PHONE

LEGAL ENTITY ADDRESS

CITY

STATE

ZIP CODE

SUBSECTION (c)(7) LIST – List all partners, members, or shareholders (natural persons) holding a ten percent (10%) or greater ownership interest in such legal entity. Also list officers, directors, and the on-premises manager of the establishment. Attach a separate page if necessary. A *sole proprietor, and all persons listed below must provide proof of age by providing a driver's license or picture identification containing date of birth from a state or federal government. Sec. 22-304(c)(7).

Check if list continues on separate page.

(1) NAME TITLE/OCCUPATION PHONE #

HOME ADDRESS, CITY, STATE & ZIP % OF SHARES, IF APPLICABLE

(2) NAME TITLE/OCCUPATION PHONE #

HOME ADDRESS, CITY, STATE & ZIP % OF SHARES, IF APPLICABLE

(3) NAME TITLE/OCCUPATION PHONE #

HOME ADDRESS, CITY, STATE & ZIP % OF SHARES, IF APPLICABLE

(4) NAME TITLE/OCCUPATION PHONE #

HOME ADDRESS, CITY, STATE & ZIP % OF SHARES, IF APPLICABLE

(5) NAME TITLE/OCCUPATION PHONE #

HOME ADDRESS, CITY, STATE & ZIP % OF SHARES, IF APPLICABLE

WORK HISTORY & INFORMATION

Has the applicant or any person in the Subsection (c)(7) List been an owner, director, officer, partner, member, or shareholder of a massage establishment or spa establishment that has, in the previous five (5) years (and while the person was so related to the establishment) been found by a court to have been operating unlawfully, been enjoined by a court from engaging in conduct prohibited by law, been held in contempt of court for operating contrary to a court order, been declared by a court to be a nuisance, had its license to operate a massage establishment or a spa establishment revoked, or been subject to a court order requiring closure of the business or affirming revocation of any license required to operate the business? Sec. 22-304(c)(8).

YES or NO If yes, please provide the following:

a) Person and Name of Business: _____

b) Business location: _____
City State County

c) Provide Court/Date or Order and Date of License Revocation:

Court Court's Order/Adjudication Date of Revocation

Has the applicant or any person in the Subsection (c)(7) List been arrested for, convicted of, or pleaded guilty or entered a plea of nolo contendere within the past 10 years to a specified criminal activity (Sec. 22-301), or been found by a tribunal to have violated a state law or regulation governing the practice of massage therapy? Sec. 22-304(c)(9).

YES or NO

If yes, then for each such arrest, conviction, and/or violation, state:

- a) The person and the specific criminal activity or violation: _____

- b) Court/tribunal in which charged: _____
- c) Date of arrest, conviction, and/or finding: _____
- d) Place of arrest, conviction, and/or finding: _____

Provide Additional Information on A Separate Sheet

Has the applicant or any person in the Subsection (c)(7) List in the previous twelve (12) months resided with someone who has been an owner, director, officer, partner, member, or shareholder of a massage establishment or spa establishment that has, in the previous five (5) years (and while the person was so related to the establishment) been found by a court to have been operating unlawfully, been enjoined by a court from engaging in conduct prohibited by law, been held in contempt of court for operating contrary to a court order, been declared by a court to be a nuisance, had its license to operate a massage establishment or spa establishment revoked, or been subject to a court order requiring closure of the business or affirming revocation of any license required to operate the business?

YES or NO

If yes, please provide the following:

- a) Person, co-resident, and name of business: _____

- b) Business location: _____
City *State* *County*
- c) Court/date of court's order, and/or date of license revocation:

If the applicant is a legal entity, provide copies of its certificate/articles of organization or incorporation.

Provide a copy of a \$15,000 surety bond, issued by a company approved to issue surety bonds by the Georgia Insurance Commissioner, payable to the City of Chamblee upon entry of an injunction by the DeKalb County Superior Court against operation of the applicant's massage establishment or spa establishment due to unlawful operation of same while the applicant held a Chamblee massage/spa establishment license.

For every person on the premises who offers, or will offer, services requiring that they be licensed by the State of Georgia pursuant to O.G.C.A. Section 43-24A-1, et seq., attach a copy of the state license for each such person as well as a color photograph, no smaller than 2 inches by 2 inches, showing the face, neck, and shoulders of each such person.

Provide Pictures On A Separate Sheet

The applicant, and each person in the Subsection (c)(7) list, must submit their fingerprints for a criminal background check.

(Fingerprinting not required for a Licensed Massage Therapist)

I, _____, acknowledge it is my responsibility to be familiar with the City of Chamblee Code of Ordinances, Chapter 22, Article 8, Massage or Spa Establishments and any revisions that may occur, on behalf of the massage establishment or spa establishment applying for a license.



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

By executing this affidavit under oath, as an applicant for an _____ as referenced in O.C.G.A §36-30-6(d), from the City of Chamblee, the undersigned applicant representing the private employer known as _____ (Name of Business) verifies one of the following with respect to my application for the above mentioned document:

Section 1:

Choose **ONE** of the following:

- On January 1st of the below signed year the individual, firm, or corporation employed more than ten (10) employees¹.
*** If you selected Section 1(a), please fill out Section 2 and 3 below.
- On January 1st of the below signed year the individual, firm, or corporation employed ten (10) or fewer employees¹.
*** If you selected Section 1(b), please skip Section 2 and complete Section 3 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 listed below:

Name of Private Employer

Federal Work Authorization User Identification Number
(This number is between 4-8 digits and does not include letters)

Date of Authorization

Section 3:

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on the _____ date of _____, 20__ in

(city), _____ (state)

Signature of Authorized Officer or Agent

Printed Name of **and** Title of Authorized Officer or Agent

SCRIBED AND SWORN BEFORE ME ON THIS _____ DAY OF _____, 20__

NOTARY PUBLIC _____

My Commission Expires: _____

(Seal)

¹To determine the number of employees for the purpose of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.



S.A.V.E. AFFIDAVIT

Affidavit Verifying Residency Status of an Applicant as Required by the Georgia Security and Immigration Compliance Act O.C.G.A. § 50-36-1(e)(2)

This form is required for ALL LICENSES/PERMITS by State Law

By executing this affidavit under oath, as an Applicant, as a City Vendor, or as a Recipient for other public benefit as referenced in the Georgia Security and Immigration Compliance Act, (O.C.G.A. § 50-36-1), I am stating the following:

- I am a United States citizen, or
(Must include a copy of either current State Driver’s License, Passport, Military ID, or other approved document*.)
- I am a legal permanent resident of the United States**, or
(Must include a copy of your Permanent Resident Card or other approved document*.)
- 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**(Must include a copy your Employment Authorization Card or other approved document*.)

**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.

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 on the _____ date of _____, 20__ in

_____ (city), _____ (state)

Signature of Authorized Officer or Agent

Printed Name of and Title of Authorized Officer or Agent

SCRIBED AND SWORN BEFORE ME ON THIS _____ DAY OF _____, 20__

(Seal)

NOTARY PUBLIC

My Commission Expires: _____

*A complete list of verifiable documents can be found on the City of Chamblee website under Occupational Tax Certificates or on the Georgia Attorney General’s website (O.C.G.A. § 50-36-2).



Massage / Spa Establishment Persons on Premises

Establishment Owner(s):

(One listed owner or one listed manager **MUST** be on site at all times that the establishment is occupied by patrons.)

Establishment Manager(s):

(One listed manager or one listed owner **MUST** be on site at all times that the establishment is occupied by patrons. The office of Finance Director **MUST** be provided written notice of any new manager *before* the new manager begins working as a manager for the establishment.)

All Persons Who Perform Services on the Premises:

(List all staff regardless of employment type. There **MUST** be a list readily available upon request during inspection of the premises along with copies of the State Licenses or Massage Work Permits to accompany this form.)



Fingerprint Acknowledgement Form

I, _____, hereby acknowledge I have submitted my application to the City of Chamblee to obtain a privilege license. I agree it is my responsibility to have a background check completed by the Chamblee Police Department. I understand my application will not be complete until this form is returned to Chamblee City Hall, after it is completed by the Police Department, to be included as part of my application.

Full Name: (Print) Date

Signature

COMPLETED BY CITY HALL	
Type of Business	
<input type="checkbox"/> Massage/Spa Establishment Owner	
Approved By	DATE
TO BE COMPLETED BY POLICE DEPARTMENT	
FINGERPRINTS TAKEN BY	DATE



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

FEES: (a) LICENSE FEE \$400 (b) INVESTIGATION FEE: \$200 (c) FINGERPRINT \$50/person # _____

Make check or money order payable to: City of Chamblee

APPLICANT CHECK LIST: (For Applicant to Check as Each Item is Completed and Attached to Application)

- Completed notarized application with full payment of all regulatory fees (p.1 & p.6)
Copy of state license(s) of all massage therapists along with a color photo (No smaller than 2" X 2")
Attach a copy of your \$15,000 surety bond issued by an approved company by the Georgia Insurance Commission for 2023
Attach a copy of the lease for the commercial location with the City of Chamblee
Attach a copy of your valid City of Chamblee Business Occupation Tax Certificate for the current year
Return Fingerprint Acknowledgment Form

CERTIFICATION: By signing the following, I/we agree and certify:

- To supplement the information contained in this application within ten (10) working days of any change of circumstances that renders the information false or incomplete [in writing, by certified mail, return receipt requested, to the City of Chamblee Finance Director].
That the information provided in this application is true, complete, and accurate. I/we hereby authorize the City of Chamblee or its designated agent to obtain and review copies of any criminal history in my name or any alias used by me in the past or at the present. I/we understand that this information may be used against me during the City of Chamblee investigation.
III.

Print Name (person responsible for operation of the establishment) Title

Signature

Legal Entity Representative (officer, member, partner, or shareholder) Title

Signature

Subscribed and sworn to before me

This the ___ day of ___, 20___

(SEAL)

NOTARY