



MESSAGE/SPA APPLICATION

APPLICANT FIRST NAME: _____ MIDDLE INITIAL: _____ LAST NAME: _____

APPLICANT HOME ADDRESS: _____

CITY, STATE, ZIP: _____ APPLICANT HOME TEL: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

GENDER: _____ SOCIAL SECURITY: _____

CORPORATE NAME (If applicable): _____

BUSINESS/D.B.A. NAME: _____

BUSINESS ADDRESS: _____

CITY, STATE, ZIP: _____ BUSINESS PHONE: _____

TYPE OF OWNERSHIP (*check one*): **GA CORP** **FOREIGN CORP** **PARTNERSHIP** **LLC** **SOLE OWNER**

IF OPERATING AS A CORPORATION OR PARTNERSHIP, SUBMIT A COMPLETE LIST OF THE STOCKHOLDERS OF SAID CORPORATION, INCLUDING NAMES, CURRENT ADDRESS AND CURRENT OCCUPATIONS.

MESSAGE ESTABLISHMENT EMPLOYEES AND INDEPENDENT CONTRACTORS

NAME

ADDRESS

TELEPHONE NO.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

A Copy of the State of Georgia Massage Therapist License is required for all State Licensed Employees and Contractors

A work permit is required for all Owners, Managers and Employees who are not licensed by the State as a Massage Therapist



Submitted here with in either cash or check payable to City of Peachtree Corners, Georgia is the sum of \$250.00 per annum for the Massage Therapy License. No License can be issued by the City of Peachtree Corners until applicant satisfies the qualifications listed in the articles and pays all license fees. A penalty of 20% of the license fee shall be imposed if application is not filed prior to the commencement of business or renewed within the specified time of the ordinance.

The undersigned certifies that the City of Peachtree Corners Ordinance has been read and understood and a copy will be maintained on the premises.

All Laws, Rules, and Regulations of the City of Peachtree Corners, now in force or which may hereafter be promulgated or enacted, will be complied with.

I, solemnly swear that the facts stated in the above and foregoing application for a license in the City of Peachtree Corners, Georgia are true and correct.

(Georgia Code Section 16-10-7 profiles that a person to whom a lawful oath or affirmation has been administered or who executes a document knowing that it purports to be an acknowledgement of a lawful oath or affirmation commits the offense of false swearing when, in a matter of things other than a judicial proceeding, he/she knowingly and willfully makes a false statement. I further understand that if I have commissions or misrepresentations that my license will be revoked and/or a citation issued under the applicable city ordinance or state law.)

Subscribed and sworn to before me

This _____ day of _____, 20__.

(Applicant Signature)

(Clerk/Notary Public)

My commission expires: _____

**Affidavit Verifying Lawful Presence
Within the United States**

I, (print name) _____, swear or affirm under penalty of perjury that (check one):

I am a United States citizen or legal permanent resident 18 years of age or older,

OR

I am a qualified alien or nonimmigrant under the Federal Immigration and Nationality Act 18 years of age or older lawfully present in the United States.

Alien Registration Number: _____

I am applying for the following public benefit (check one):

Alcoholic Beverage License for _____
(Print Business Name)

Occupation Tax Certificate for _____
(Print Business Name)

Door-to-Door Salesman / Solicitors Permit

Taxi Permit

Execution of Contract

Other _____
(Public Benefit) Name of Business (if applicable)

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that knowingly and willfully making a false, fictitious, or fraudulent statement of representation in this affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Date: _____ Applicant Signature: _____

Subscribed and sworn to before me: _____
(Clerk / Notary Public)

This _____ day of _____, 20____ My commission expires: _____

REGISTERED AGENT INFORMATION FORM

I, _____, do hereby consent to serve as the Registered Agent for the corporation, owners, officers, and/or directors of and to perform all obligations of such agency under the Massage Establishment Ordinance of the City of Peachtree Corners, Georgia. I understand the basic purpose is to have and continuously maintain a Registered Agent upon, which any process, notice, or demand required or permitted by law or under said ordinance to be served upon the licensee or owner may be served upon the licensee or owner may be served. I understand that the Registered Agent must be a citizen of the United States and a resident of Gwinnett County. I further certify that I will notify the City of Peachtree Corners Office of the city Manager of any changes effecting my status and/or position with this company.

Business Name

Signature of Agent

Type or Print Name of Agent

Type or Print Agent's Home Address

Type or Print City, State, and Zip Code

Type or Print Area Code and Telephone Number

Type or Print Date Moved into the Above Address

Type or Print Driver's License Number

Type or Print Date of Birth

Subscribed and sworn to before me

This _____ day of _____, 20__.

(Clerk/Notary Public)

(Signature of Named Individual)

My commission expires: _____

PERSON HAVING KNOWLEDGE OF APPLICANTS
GOOD MORAL CHARACTER

To: **Revenue Department**
310 Technology Pkwy
Peachtree Corners, GA 30092

Applicant's Name: _____

Business Name: _____

Business Address: _____

City, State & Zip: _____

Peachtree Corners Code Section 14-178(a)(2) requires that three qualified and registered voters of Gwinnett County, who personally knows the applicant, believes the person is of good moral character.

I, _____, do hereby certify as to the good moral character of

(Applicant's Name) _____,

with whom I have been acquainted or have known since _____, _____

Please print your name: _____

Home Address: _____

City, State & Zip: _____

Social Security #: _____

Signature of County Resident

Date

Sworn to and subscribed before me this _____ day of _____ 201_____.

Notary Public Signature and Seal

Date



MASSAGE/SPA ESTABLISHMENT LICENSE REQUIREMENTS

- * All Owners, Partners, and Managers who are not licensed by the State of Georgia as a massage therapist, shall obtain a background investigation through the Gwinnett County Police Department. They can be reached at 678-377-4300
- * Cleared background investigation of Owners, Partners and Managers from Gwinnett County Police Department.
- * If applicant is a corporation, such corporation shall submit a list of the stockholders of said corporation, including names, current addresses and current occupations. Corporation shall also provide the name and address for its registered agent who resides in Gwinnett County.
- * If applicant is a corporation, such corporation shall submit the names, titles and residence addresses of all owners, partners and officers; name and address of manager(s).
- * If the applicant is a corporation or partnership, such corporation or partnership shall submit the foregoing information with regard to each employee, independent contractor agent and partner, general or limited associated with the operation of the massage therapy establishment.
- * If applicant is an individual and does not reside in the County, the applicant must provide the name and address for an registered agent who resides in the County authorized to receive legal process and notices.
- * A copy of a government issued photo ID of each Owner, Partner, Manager and Applicant.
- * A copy of all Massage Therapist State of Georgia Licenses working at establishment.
- * A copy of the Work Permit of all on premise owner(s), manager(s) and employees, who are not licensed Massage Therapist.
- * Copy of the current Business Occupational Tax License/Certificate for the City of Peachtree Corner.
- * Certified letter from three Gwinnett County registered voters verifying applicants good moral character. Must include name, address and social security number

Should you have any questions, please contact Shaun Suggs at (678) 691-1208
