



20 _____

MESSAGE OR SPA ESTABLISHMENT LICENSE APPLICATION

The City of Doraville has established the following application to allow for the lawful operation of a massage or spa establishment in accordance with the City of Doraville's Ordinances, Chapter 6, Article IX, as it pertains to Massage or Spa Establishment Licenses.

Please submit the following Massage or Spa Establishment License Application and required supplemental materials (detailed in the following checklist) to the City Clerk located at 3725 Park Avenue, Doraville, GA 30340.

If you have any questions, please contact us at (770) 451-8745

PLEASE TYPE OR PRINT CLEARLY – INCOMPLETE APPLCATIONS WILL NOT BE ACCEPTED

LEGAL BUSINESS NAME: _____ CONTROL # _____

Trade Name (DBA): _____ DATE BUSINESS OPENED IN THE CITY _____

BUSINESS LOCATION: _____
STREET ADDRESS SUITE/UNIT ZIP

BUSINESS PHONE: _____ FEDERAL ID (EIN) or SSN (Sole Proprietor) _____

BUSINESS MAILING ADDRESS: _____
STREET ADDRESS SUITE/UNIT ZIP

STAFF USE ONLY

Received by:

Receipt #:

New Renewal

Date:

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

FEES: (A) LICENSE FEE

\$1,500

(B) BACKGROUND INVESTIGATION - # OF CHECKS: _____ **x \$100 =** _____

(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.)

(C) TOTAL AMOUNT DUE – amount of line (a) plus line (b) _____

Make checks or money order payable to: **City of Doraville, Georgia**

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

- Complete application with full payment of all regulatory fees, notarized.
- “Registered Agent Information Form.” The registered agent must reside in DeKalb County and be at least 21 years of age.
- “Authorization for Background Investigation” forms for all applicable persons, 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 Doraville work permit.
- “Affidavit Verifying Lawful Presence within the United States” must be completed by the applicant.
- “Affidavit Verifying Private Employer Registration with United States Citizenship & Immigration Service must be completed.
- Copy of state license(s) of all massage therapist along with a color photo (No smaller than 2 inches by 2 inches).
- Attach a copy of the lease for the commercial location with the City of Doraville.
- Attach a copy of your valid City of Doraville Business Occupational Tax Certificate (Renewing Applicants Only)
- Attach a copy of a fifteen-thousand dollar surety bond, issued by a company approved to issue surety bonds by the Georgia Insurance Commissioner, payable to the City of Doraville.

- Pages 3-6, 7-8 (in duplicate), and 11-12 should be completed by the Owner/Applicant.
- Pages 9-10 (in duplicate) are to be completed by the Resident Agent.

► REFER TO THE CITY OF DORAVILLE MUNICIPAL CODE CHAPTER 6, ARTICLE IX, MASSAGE ESTABLISHMENTS AND SPAS, FOR A COMPLETE REFERENCE TO THE CITY’S REGULATIONS.

Applicant Information

APPLICANT/LICENSEE NAME- The name of employee or agent primarily responsible for the operation on the licensed premises. Provide copy of valid picture identification and complete BCI Background Authorization Form	APPLICANT CONTACT PHONE
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APPLICANT RESIDENTIAL MAILING ADDRESS:

STREET ADDRESS SUITE/UNIT

CITY STATE ZIP

ARE YOU 21 YEARS OF AGE OR OLDER? Yes No

TYPE OF OWNERSHIP (check one) – Provide copies of legal entity’s certificate or articles of incorporation.

- CORPORATION
- FOREIGN CORP FOREIGN CORP
- SOLE PROPRIETOR
- PARTNERSHIP
- LLC
- OTHER _____

Corporate Information

CORPORATE NAME: _____

CORPORATE ADDRESS:

STREET ADDRESS SUITE/UNIT CORPORATE PHONE

CITY STATE ZIP

OWNERS, OFFICERS, PARTNERS OR STOCKHOLDERS

List all partners, members, or shareholders (natural persons) holding a ten percent (10%) or greater ownership interest in such legal entity, or if there is no shareholder (natural person) with at least ten percent (10%) interest, the ten shareholders with the greatest ownership interest. Attach a separate list if necessary. 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.

Please attach **Original Photograph** (front view) taken within the past year (***copies are not acceptable***).

Please attach **Original Photograph** (front view) taken within the past year (***copies are not acceptable***).

(1) NAME	TITLE/OCCUPATION	PHONE #
HOME ADDRESS, CITY, ST & ZIP		% OF SHARES, IF APPLICABLE
(2) NAME	TITLE/OCCUPATION	PHONE #
HOME ADDRESS, CITY, ST & ZIP		% OF SHARES, IF APPLICABLE
(3) NAME	TITLE/OCCUPATION	PHONE #
HOME ADDRESS, CITY, ST & ZIP		% OF SHARES, IF APPLICABLE
(4) NAME	TITLE/OCCUPATION	PHONE #
HOME ADDRESS, CITY, ST & ZIP		% OF SHARES, IF APPLICABLE
(5) NAME	TITLE/OCCUPATION	PHONE #
HOME ADDRESS, CITY, ST & ZIP		% OF SHARES, IF APPLICABLE

BRIEFLY DESCRIBE ALL BUSINESS ACTIVITIES AT ESTABLISHMENT

PROPERTY INFORMATION & WORK HISTORY

State whether the applicant is the owner of the premises wherein the business will be operated or the holder of a lease thereon for the period to be covered by the license.

If the applicant is the lease holder, provide a copy of the lease signed by tenant and landlord.

Has the applicant, officers, partners members or shareholders (natural persons) been affiliated in any capacity as any of the aforementioned conditions with any massage establishment or spa establishment that has, in the previous five (5) years (and while the person was so related to the establishment) been declared by court of law to be a nuisance or had its license to operate a massage establishment or spa establishment revoked?

Check: Yes 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, officers, partners, members or shareholders (natural persons) above been arrested for, convicted of, or pleaded guilty or entered a plea of nolo contendere to a specified criminal activity?

Check: Yes No

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

a. The person and the specific criminal activity: _____

b. Court in which charged: _____

c. Date of arrest and/or conviction: _____

d. Place of arrest and/or conviction: _____

***Provide Additional Information on a separate sheet**

Has the applicant, officers, partners members or shareholders (natural persons) 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 declared by a court of law to be a nuisance or had its license to operate a massage establishment or spa establishment revoked?

If yes, please provide the following:

Check: Yes No

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:

Court Court's Order/Adjudication Date of Revocation

***Provide Additional Information on a separate sheet**

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 Doraville 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 operant of same while the applicant held a Doraville 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 shoulder of each such person.

If there are none, the individual(s) executing this application must initial below to indicate his/her adoption of the following statement:

_____ I/We certify that no person on the premises offers, or will offer, services for which said person is required to be licensed by the State of Georgia pursuant to O.C.G.A. Section 43-24A-1, et seq.

Are you familiar with the City of Doraville ordinances, state laws and, regulations, federal laws and regulations governing the operation of this type of business? If "NO", check and initial below to continue the application process.

Yes No

_____ I/We certify that a copy of City of Doraville Chapter 6, Article 9, Massage Establishments and Spas has been obtained by an applicant, owner, director, officer, partner, member, or shareholder of the massage establishment or spa establishment applying for a license within City of Doraville.

CERTIFICATION

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

- I. 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 Doraville City Clerk].
- II. This application is being executed by the person primarily responsible for the operation of the massage/spa establishment. If the applicant is a partnership, limited liability company, corporation, or other legal entity, then the application must also be executed by an officer, member, partner or shareholder with all signatures notarized.
- III. 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 Doraville 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 the present. I understand that this information may be used against me during the course of the City of Doraville's Investigation. I further certify that I will notify the City of Doraville 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

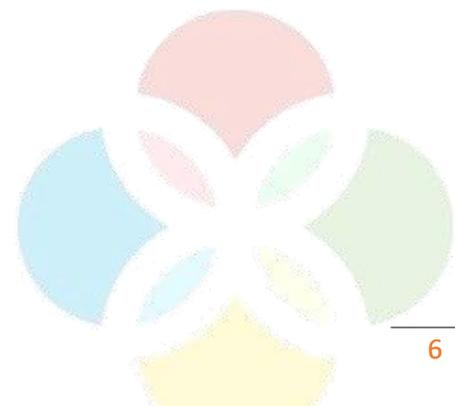
SUSCRIBED AND SWORN BEFORE ME

ON THIS THE ____ DAY OF _____, 20 ____

NOTARY PUBLIC

My commission expires: ____ / ____ / ____

Massage or Spa Establishment License Application (Revised 02.19.2016)



Authorization for Background Investigation

(Massage or Spa Establishment License)

By signature below, I hereby authorize the City of Doraville and/or their designee to conduct background research and retrieve information including, but not limited to, my previous criminal history, ownership/rental records, location of residence and employment history.

Last Name	First Name	MI	Social Security Number
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Have you ever used or are you known by any other name? (Including: maiden, married, alias, etc.) [] YES or [] NO

If yes, provide all full names used:

Employment information over the past ten (10) years: (If more space is needed, please attach on a separate sheet)

()		
Employer	Phone Number	Supervisor
____ / ____ / ____ to ____ / ____ / ____		
Dates of Employment	Street Address	City, State, Zip

()		
Employer	Phone Number	Supervisor
____ / ____ / ____ to ____ / ____ / ____		
Dates of Employment	Street Address	City, State, Zip

List all home address over the past ten (10) years: (If more space is needed, please attach on a separate sheet)

()		
Current Street Address	City, State, Zip	Phone Number

Previous Street Address	City, State, Zip	Phone Number

Previous Street Address	City, State, Zip	Phone Number

Sex	Race	Date of Birth	Driver's License Number	State Issued
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Signature below also releases the City of Doraville and any person or entity that provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regard to the information obtained from any and all of the above referenced sources used.

Applicant Signature

Date

Witness Signature

Date

AFFIDAVIT CERTIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICATION

By executing this Affidavit under oath, as an applicant for a Massage or Spa Establishment License or other public benefit from the City of Doraville, Georgia, as referenced in O.C.G.A. Section 50-36-1, I state that that I, _____ [name of natural person applying on behalf of individual, business, corporation, partnership or other private entity],

I am a United States citizen.

OR

I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.*

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 Code Section 16-10-20 of the Official Code of Georgia.

Applicant Signature: _____ Date: ____ / ____ / ____

SUSCRIBED AND SWORN BEFORE ME

ON THIS THE ____ DAY OF _____, 20 ____

NOTARY PUBLIC

My commission expires: ____ / ____ / ____

O.C.G.A. § 50-36-1 (e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien," legal permanent residents must also provide their alien registration number. Qualified aliens who do not have an alien registration number may supply another identifying number below.

Alien Registration Number for Non-Citizens: _____

PRIVATE EMPLOYER AFFIDAVIT OF COMPLIANCE PURSUANT TO O.C.G.A. § 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs more than ten employees and has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

_____ / ____ / ____
FEDERAL WORK AUTHORIZATION USER IDENTIFICATION NUMBER NAME OF PRIVATE EMPLOYER DATE OF AUTHORIZATION

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

Executed on this the ____ day of _____, 20 ____ in _____, ____.
CITY STATE

SIGNATURE OF AUTHORIZED OFFICER OR AGENT

PRINTED NAME AND TITLE OF AUTHORIZED OFFICER OR AGENT

SUSCRIBED AND SWORN BEFORE ME

ON THIS THE ____ DAY OF _____, 20 ____

NOTARY PUBLIC

My commission expires: ____ / ____ / ____

Resident Agent Information Form

I _____, do hereby consent to serve as the Resident Agent for the licensee, owners, officers and/or directors of and to perform all obligations of such agency under the Massage Establishments and Spas Ordinance of the City of Doraville, Georgia. I understand the basic purpose is to have and continuously maintain a Resident 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, and may be served upon the resident agent. I understand that the Resident Agent must be a resident of DeKalb County. I hereby authorize the Doraville Police Department to obtain and review copies of any criminal and/or driver's histories and financial records 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 Doraville Police Department's investigation. I further certify that I will notify the City of Doraville's City Clerk or their designee 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 & State Issued

Type or Print Date of Birth

SUSCRIBED AND SWORN BEFORE ME

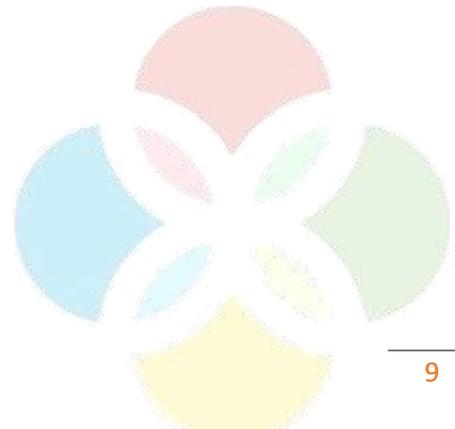
ON THIS THE ____ DAY OF _____, 20 ____

NOTARY PUBLIC

My commission expires: ____ / ____ / ____

Please attach **Original Photograph** (front view) taken within the past year (***copies are not acceptable***).

Please attach **Original Photograph** (front view) taken within the past year (***copies are not acceptable***).



AFFIDAVIT CERTIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICATION

By executing this Affidavit under oath, as an applicant for a Massage or Spa Establishment License or other public benefit from the City of Doraville, Georgia, as referenced in O.C.G.A. Section 50-36-1, I state that that I, _____ [name of natural person applying on behalf of individual, business, corporation, partnership or other private entity],

I am a United States citizen.

OR

I am a legal permanent resident 21 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 21 years of age or older and lawfully present in the United States.*

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 Code Section 16-10-20 of the Official Code of Georgia.

Applicant Signature: _____ Date: ____ / ____ / _____

SUSCRIBED AND SWORN BEFORE ME

ON THIS THE ____ DAY OF _____, 20 ____

NOTARY PUBLIC

My commission expires: ____ / ____ / _____

O.C.G.A. § 50-36-1 (e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien," legal permanent residents must also provide their alien registration number. Qualified aliens who do not have an alien registration number may supply another identifying number below.

Alien Registration Number for Non-Citizens: _____

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 Clerk 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 Clerk’s Office within the (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 to massage therapists by the state and 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

(5) _____

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

(6)	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
(7)	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
(8)	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
(9)	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
(10)	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
(11)	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
(12)	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