THE CITY OF Doraville

Massage/Spa WORK PERMIT APPLICATION

☐ NEW ☐ Renewal Expiration Date: _____

APPLICATIONS MUST BE COMPLETED IN FULL AND SUBMITTED TO THE CITY CLERK IN PERSON BETWEEN THE HOURS OF 8:30AM AND 4:00PM, 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 $150.00

- City work permits are required for all on-premises owners, managers or supervisors who are in charge of managing the message establishment as required by the City and who do not otherwise hold a license issued by the State 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**: _____ Last 4 digits of SSN #_____
LAST NAME FIRST NAME MI LAST4DIGITS

Gender: (Check One) ☐ Male or ☐ Female Maiden, Married, Alias or Other Names used: _____

Date of Birth: _____/_____/_____ Driver's License Number:_____ State Issued:_____

Race: _____ Hair Color: _____ Birthplace: (City, State & Country)_____

Phone: _____ Email Address:_____
(Check One) ❑ Mobile or ❑ Home

II. **Address Information** – *list current business/home/mailing address.*

Home Address: _____ Apt./Unit_____

City:_____ State:_____ Zip:_____ Period (mm/yyyy) _____/_____ to _____/_____

Mailing Address:_____ Apt./Unit_____

City:_____ State:_____ Zip:_____ Period (mm/yyyy) _____/_____ to _____/_____

III. **Business Name:** _____

Address: _____

_____

WK Phone: _____ **Position:** _____

Type of Employment: ○ Full-time ○ Part-time ○ Seasonal Other _____

IV. **Have you been arrested for, convicted of, or plead nolo contender to a misdemeanor or felony within the past five (5) years?** (*Check One*) ☐ Yes or ☐ No (Sec. 6-302(b)(7))
*If **yes**, explain in detail below providing the specific charge(s), date and place of arrest(s) and court jurisdiction(s) charged:*

_____

_____

V. Have you been an owner, director, officer, partner, member, or shareholder of a massage/spa establishment that has, in the previous 5 years (and while you were so related to the establishment) been declared a public nuisance or had its massage/spa establishment license revoked? (Sec. 6-302(b)(6)) ☐ Yes ☐ No *If **yes**, please respond on a separate sheet of paper.*

FOR OFFICE USE ONLY	
Amount Paid $_____ **(Cash ONLY)**	Date:
FINANCE DEPT.	CLERK'S OFFICE

BACKGROUND CONSENT

I, _____authorize the City of Doraville and/or their designee to make an independent investigation of my background, criminal or police records.

I release 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. This content form shall be valid as long as I am employed in the City of Doraville.

I hereby certify, under penalty of perjury, that statements made herein are to the best of my knowledge true and correct. I acknowledge that I am responsible to provide supplemental information within ten (10) working days of a change in circumstances rendering the above information false or incomplete by writing in certified mail and return receipt to the City of Doraville City Clerk's Office.

Applicant Signature: _____ Date: _____ / _____ / _____

AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICATION

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

- ❑ I am a United States citizen.
- ❑ I am a legal permanent resident of the United States.
- ❑ I am 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.

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

- ❑ Alcohol Beverage License for _____
  Print Business Name
- ❑ Alcohol Employee Pouring Permit
- ❑ Occupation Tax Certificate _____
  Print Business Name
- ❑ Door-to-Door Salesmen/Solicitors Permit
- ☒ 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 and willfully making a false, fictitious, r fraudulent statement of representation in this affidavit shall be guilty of violation of Code Section 16-10-20 of the Official Code of Georgia.

_____
Print Name of Applicant

Applicant Signature: _____ Date: _____ / _____ / _____

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE _____DAY OF_____, 20 _____

_____
NOTARY PUBLIC
My commission expires: _____/_____/_____