

## 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:** \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
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 current business/home/mailling address.

**Home Address:** \_\_\_\_\_ Apt./Unit \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Period (mm/yyyy) \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

**Mailing Address:** \_\_\_\_\_ Apt./Unit \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Period (mm/yyyy) \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

III. **Establishment Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 \_\_\_\_\_

**WK Phone:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Type of Employment:**  Full-time  Part-time  Seasonal Other \_\_\_\_\_

FOR OFFICE USE ONLY			
Amount Paid \$ _____		(Cash ONLY)	
		Date: _____	
DEPUTY CLERK	DATE: _____	CITY CLERK	DATE: _____

IV. **Have you been arrested for, convicted of, or plead nolo contendere to a misdemeanor or felony within the past five (5) years?** (Check One)  Yes or  No

If **yes**, explain in detail below providing the specific charge(s), date and place of arrest(s) and court jurisdiction(s) charged:

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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? (Section 22-52-(b)(6))  Yes  No

If **yes**, please respond on a separate sheet of paper if necessary.

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**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.

\_\_\_\_\_  
Print Name of Applicant

**Applicant Signature:** \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

SUSCRIBED AND SWORN BEFORE ME

ON THIS THE \_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_

NOTARY PUBLIC

My commission expires: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



