

CITY OF ALPHARETTA

MESSAGE AND SPA LICENSE APPLICATION

Updated 02/23/2021



City of Alpharetta

Community Development Department

2 Park Plaza

Alpharetta, Georgia 30009

WWW.ALPHARETTA.GA.US

678-297-6086

CHECK LIST FOR COMPLETING APPLICATION PACKET

This checklist is provided for your information and convenience. We recommend that, once you have completed your application packet, you review your answers and materials; comparing that information with the checklist below.

- Application:** All forms must be completed, signed, and notarized.
- Entity Documents:** Articles of Incorporation and/or Organization detailing the company organizational structure, Fulton County DBA filing (if applicable, and company organization chart).
- Personal Statement:** Required for sole proprietor, all partners, all corporate officers and/or members, all corporate shareholders with 10% or more ownership and all managers/supervisors. *NOTE: An original photograph of the individual is required to accompany each form.*
- Copy of Driver's License:** Required for all persons completing a Personal Statement and Registered Agent.
- Statement of Waiver and Consent: Alpharetta Police Background Verification Process:** Required for all persons completing a Personal Statement and Registered Agent.
- Affidavit of Immigration Status:** Required for all persons completing a Personal Statement and Registered Agent.
- Registered Agent Forms:** Registered Agent must reside within Fulton County, Georgia.
- Copy of Property Lease**
- Copy of Surety Bond:** \$25,000 issued by a company approved by the state insurance commissioner
- Legal Survey:** Scale drawing showing the business location. Must have been completed within last 48 months.
- Surveyors Certificate:** Completion of form included with the packet.
- Floor Plan Drawing:** Showing all locations of rooms where massage service will be rendered.
- Business License:** A copy of the current City of Alpharetta business license must be provided.
- Copy of Services Offered:** Provide a current list of all services being offered
- Copies of All Required State Licenses:** Required for each employee, independent contractor, agent and partner, general or limited, associated with the operation of the massage therapy establishment.
- On Premise Manager and Supervisor List:** To include names, addresses, phone numbers and occupations
- Application/License Fee \$500**

Basic Instructions For Completing Application

The application must be completed in its entirety. Incomplete forms will be returned for correction. If the space provided is not sufficient to fully and correctly answer a question, answer the question on a separate sheet and indicate in the space provided that such separate sheet is attached.

A \$500 application / investigation fee must accompany your application at the time of submission. Credit Card, Money Orders, Cashier's Checks, or Certified Checks made payable to the City of Alpharetta and are acceptable forms of payment.

At the time of submission, the completed application must be dated, signed and verified, under oath, by the applicant.

Completed applications and application fee are to be delivered to the Alpharetta Department of Community Development located at 2 Park Plaza, Alpharetta, GA 30009.

License Applications and Processing

Key Contacts

678-297-6086

Code Enforcement Officers

Frank Jackson – fjackson@alpharetta.ga.us

Beau Smith - besmith@alpharetta.ga.us

Mitchell Poole - mpoole@alpharetta.ga.us

Work PERMITS REQUIRED FOR EMPLOYEES

Required for any and all on-premise owners, manager or supervisors who are in charge of managing the massage establishment and any employee that does not hold a State of Georgia issued license for the work they are performing.

Massage therapists who hold a current and valid massage therapist license issued by the State of Georgia do not have to obtain a work permit but must provide a copy of the state license to the City yearly.

Work Permits are valid for one (1) year

A background check and fingerprinting are required.

State issued Georgia Drivers License or Georgia Identification

Fingerprinting Office Hours of Operation for Massage and Spa Work Permits
Contact Records Department 678-297-6306
By Appointment Only

Alpharetta Department of Public Safety
2565 Old Milton Parkway
Alpharetta, GA 30009

Work Permit Fee \$50.00

CITY OF ALPHARETTA

Massage and Spa License Application



APPLICANT INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Social Security Number: _____ Phone Number: _____

Home Address: _____

(City) (State) (Zip)

Email address: _____

BUSINESS INFORMATION

Business Name: _____ Street Address: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Federal Employer ID #: _____

Ownership Type (Select One): _____ Sole Proprietor _____ Partnership or Association
_____ Corporation Name of Corporation: _____

In the space provided list all partners, corporate officers, shareholders (owning 10% of shares or greater), and managers associated with the business for which this application is being submitted. For each individual identified, you must provide their name, address of residence, telephone number, date of birth, social security number, and percentage of interest in the business. If the space provided is insufficient, please indicate "reference attached sheets" in the space below and attach the additional pages (typed information only) as needed.

In the space provided list all other individuals (not listed in the previous response) who have any interest in the application. For each individual identified, you must provide their name, address of residence, telephone number, date of birth, social security number, and percentage of interest. If the space provided is insufficient, please indicate "reference attached sheets" in the space below and attach the additional pages (typed information only) as needed.

In the space provided below, please indicate all individuals who are providing capital for the subject business, their mailing address, and the total amount of capital they are investing.

First and Last Name	Mailing Address	Capital Invested
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Property Information

Building Owner Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Land Owner Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Lessor** Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Amount of Rent Paid (Per Month): _____ **Attach a copy of lease

Sub Lessor** Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Amount of Rent Paid (Per Month): _____ **Attach a copy of lease

NOTE: Before signing this application, check all answers and explanations to see that you have answered all questions fully and correctly. This application is to be executed under oath and subject to the penalties of false swearing and it includes all attached sheets submitted herewith. Applicant understands that any permit issued pursuant to this application is conditioned upon the truth of the answers and statements made herein and that any false answers and statements herein and constitute cause for the suspension or revocation of any permit issued pursuant to this application.

State of Georgia, _____, County

I, the undersigned, do solemnly swear and attest, subject to criminal penalties for false swearing, that the information provided in this Application for Massage and Spa License and in any and all documents provided in support of this application are true and accurate. I further understand that any false statements provided by me or my representatives as part of this application, beyond any legal penalties, will result in the denial of the subject application.

Applicant's Printed Name

Date of Application

Applicant Signature

I hereby certify that _____ signed his/her name to the foregoing application stating to me that he/she knew and understood all statements and answers made therein and under oath actually administered by me, has sworn that said statements and answers are correct.

This _____ day of _____, _____

Notary Public – Printed Name

Notary Public – Signature

CITY OF ALPHARETTA

Massage and Spa License Application
Personal Statement



This personal statement must be executed under oath by the licensee and each owner, manager, officer and/or director of the corporation of any place of business applying for a Massage and Spa License. A completed Personal Statement must be submitted for all of these individuals at the time the Massage and Spa License Application is submitted.

Each question must be answered accurately and completely. If the space provided is not sufficient, answer the question on a separate sheet and indicate in the space provided that such separate sheet is attached.

Last Name: _____ First Name: _____ Middle Name: _____

Name of Business with Which This Statement is Affiliated: _____

Business Location (Street Address): _____

_____ (City) (State) (Zip)

Position In Business of Above Named Person: _____

Annual Salary/Compensation of the Above Named Person Earned From This Business: _____

Have you ever been denied bond by a commercial security company? _____ Yes _____ No

If "yes", please provide details as to the reason for the denial(s).

Are you a registered Voter? Yes No If "yes", in what State: _____ County: _____

Are there other names that you have used or may be known by (maiden name, names by former marriage, former names changed legally or otherwise, aliases, nicknames etc.)? Please specify each such name and the dates used:

Your Home Address: _____
_____ (City) _____ (State) _____ (Zip)

Your Business Address: _____
_____ (City) _____ (State) _____ (Zip)

Place of Birth (Include city, state, and country): _____

Social Security Number: _____ Date of Birth: _____

Are You a US Citizen? By Birth Naturalized No

If you are a naturalized US Citizen, please provide the following information. Otherwise proceed to the next question set.

Excluding traffic violations, have you ever been arrested or held by Federal, State, or other law enforcement authorities for any violation of any federal law, state law, or county or municipal law, regulation, or ordinance. _____ Yes _____ No

If "yes" you must list all such charges even if they were dismissed. Give the reason you were charged or held, the date, place where charged, and the disposition of your case. If no formal arrest was made, indicate "no arrest". After the last arrest is listed, please write "no other arrest".

Race: _____ Sex: _____ Height: _____ Feet _____ Inches Weight in Pounds: _____

Hair Color: _____ Eye Color: _____ Age: _____

**Attach a passport photograph (front view) taken within the past 12 months.

I, the undersigned, do solemnly swear and attest, subject to criminal penalties for false swearing, that the information provided in this Personal Statement and in any and all documents provided in support of this application are true and accurate. I further understand that any false statements provided by me or my representatives as part of this application, beyond any legal penalties, will result in the denial of the subject application.

Applicant's Printed Name

Date of Application

Applicant's Signature

I hereby certify that _____ signed his/her name to the foregoing application stating to me that he/she knew and understood all statements and answers made therein and under oath actually administered by me, has sworn that said statements and answers are correct.

This _____ day of _____, _____

Notary Public – Printed Name

Notary Public – Signature



CITY OF ALPHARETTA

GEORGIA CRIMINAL HISTORY RECORD REQUEST AND CONSENT FORM

1. This request is for (select one of the following):

- Employment
- Firefighter Employment
- Police Officer Pre-Employment
- Criminal Justice Employment - Non Sworn
- Licensing
- Taxi Permit
- Precious Metals
- Firearms / Toting Permit
- Personal Use
- Military
- International Travel
- Police Ride-Along Request
- Alpharetta Recreation & Parks Department Employment
- Alpharetta Alcohol Licensing Solicitation Permit
- Prospective Adoptive / Foster Parents
- Employment Working With The Elderly
- Employment Working With The Mentally Ill
- Employment At A Child Care Facility / School / Other Job Involving Children

2. A history is requested on the following person:

Last Name: _____ First Name: _____ Middle Name: _____
 Social Security Number: _____ Date Of Birth: _____ Sex: _____
 Race: _____ Telephone: _____

3. Person requesting criminal history (person permitted to pickup fulfilled request report):

Last Name: _____ First Name: _____ Middle Name: _____
 Telephone: _____
 Company (If Applicable): _____
 Your Business Address: _____
 City _____ Zip Code _____
 State: _____

In making this request, I hereby give consent for an inquiry to be made of my Georgia Criminal History. I also give permission for this history to be inquired within the next (circle one) 90 / 180 / _____ days from the date noted on this request. I agree that the Alpharetta Department of Public Safety, its employees, heirs, trustees, etc., shall in no way be held at fault for the use or misuse of this record once it has been delivered to me. A photocopy of this request will be placed on file and is valid as an original hereof, even though the photocopy does not contain an original signature. Incomplete requests will be denied. This report is considered accurate at time of inquiry and may change at any time. I also understand that the required payment (if applicable) is due upon request.

Results will be made available within five (5) business days. Unclaimed results will be destroyed in fourteen (14) days and an additional request must be submitted.

Photocopy of a legal government issued ID must accompany this request.

Signature of Person Whose Criminal History is Being Requested

Date

STAFF USE ONLY

Results: _____ GCIC Tech: _____ ARN: _____
 Date Submitted: _____ Inquiry Date: _____



CITY OF ALPHARETTA

REGISTERED AGENT DOCUMENTATION FORM

Business Name: _____

Location Address: _____

City: _____ State: _____ Zip Code: _____

I, _____, do hereby consent to serve as the registered agent for the licensee, owners, officers, and/or directors of the above named business and to perform all obligations of such agency under the provisions of the ordinances of the City of Alpharetta, Georgia. (Every Massage Spa establishment in the city must have a registered agent, and this person must be a legal resident of Fulton County, Georgia.)

This _____ day of _____, 20_____.

Signature Of Agent

Licensee

Print Name Of Agent

Owner

Agent's Home Address

Owner

City, State, Zip Code

Officer Or Director (with title)



CITY OF ALPHARETTA

REGISTERED AGENT CONSENT FORM

I, the undersigned, hereby authorize the CITY OF ALPHARETTA, GEORGIA to receive any criminal history on file pertaining to me from any federal, state, or local criminal justice agency.

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Social Security Number: _____ Date Of Birth: _____ Sex: _____

Race: _____ Telephone: _____

The above information is necessary to retrieve criminal history information.

Signature

Date

I hereby certify that _____ signed her/his name to the foregoing application stating to me the he/she knew and understood all statements and information contained therein.

This _____ day of _____, 20 _____

Notary Public - Printed Name

Notary Public - Signature



CITY OF ALPHARETTA

REPORT FOR SURVEY FOR Massage and Spa License

Report of Survey Certificate Guide

Sec. 10 – 286 Location and Distance Requirement for Massage Spa Establishments or those offering Spa Services. For complete detail go to 10 – 286 of the city of Alpharetta Municipal Code.

- Spa services shall be located within a retail zoning and shall not occupy more than 4,000 sq. ft. and may not be closer than 2,000 ft to a comparable business.

Spa establishments must be located as follows (unless located with a mixed use development in the MU district):

- No less than 300 feet from State Route 9
- No less than 300 feet from State Route 120
- No Less than 300 feet from the following:
 - House of worship
 - Public or private elementary or secondary school
 - Public park
 - State licensed day care facility
 - Residence

Note to Surveyor – The foregoing minimum distance requirements shall not apply to any massage establishment or spa establishment located within a mixed use development in the MU district. Measurements will be made in a straight line in all directions without regard to intervening structures or objects, from the closest point on a boundary line of the massage establishment or spa establishment parcel to the closest point on the State Route 9 or State Route 120 right-of-way, or to the closest point on a boundary line of any parcel containing a house of worship, public or private elementary or secondary school, public park, or residence.



CITY OF ALPHARETTA

REPORT FOR SURVEY FOR Massage and Spa License

TO: Alpharetta Department of Community Development

DATE: _____

APPLICANT: _____

TRADE NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

The undersigned has examined the subject location and has made measurements to determine the compliance or noncompliance with distance requirement of the Code Of The City Of Alpharetta, Georgia, as follows:

Distances from the subject location must be a minimum of three hundred (300) feet from any of the following:

1. _____ feet to the _____
State Route 9 located at _____

2. _____ feet to the _____
State Route 120 located at _____

3. _____ feet to the _____
(church or other place used primarily for religious service) located at _____

4. _____ feet to the _____
(public library or branch thereof) located at _____

5. _____ feet to the _____
(school ground, college campus or State Licensed day care) located at _____

6. _____ feet to the _____
(portion of public park habitually used for recreational purposes) located at _____

7. _____ feet to the _____
(residence) located at _____

Distance shall be measured from such residence, library, property line of church or other place used primarily for religious services, property line of school ground or college campus, park or library, property line, park or school bus stop by the straight line distance to the point of the premises nearest to such residence, library, property line, park.

Spa services shall be located within a retail zoning and shall not occupy more than 4,000 sq. ft. and may not be closer than 2,000 ft to a comparable business. Provide copy of survey indicating building square feet and distance requirements. Explain any discrepancies to requirements.

In my opinion, the premises indicated above meets the distance requirements for licensing as prescribed by the Code of the City of Alpharetta, Georgia.

Signature of Georgia Registered Land Surveyor

Surveyor Number

NOTE: A survey showing the distance to the use described above must be attached to this form at the time of submittal.

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

THIS AFFIDAVIT MUST BENOTARIZED

By executing this affidavit under oath, as an applicant for an Massage Spa License as referenced in O.C.G.A. § 36-60-6(d), from the City of Alpharetta Georgia, the undersigned applicant representing the private employer indicated below verifies the following with respect to my application for the above mentioned document.

Printed Name Of Private Employer: _____

Section 1: Please select ONE of the following.

- Employs more than ten (10) employees (total employees for Individual, Firm or Corporation). Please complete section 2 below and sign/notarize at the bottom.
- Employs ten (10) or fewer employees (Individual, Firm, or Corporation). Do not complete Section 2. Please sign/notarize at the bottom.

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(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:

Federal Work Authorization User Identification Number

Date of Authorization

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 allowed by such statute.

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

Executed on _____, _____, 20__ in _____ (City) _____ (State)

Signature of Authorized Officer or Agent

Printed Name of Authorized Officer or Agent

Printed Title of Authorized Officer or Agent

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

NOTARY PUBLIC

My Commission Expires

AFFIDAVIT VERIFYING LEGAL IMMIGRATION STATUS

THIS AFFIDAVIT MUST BE NOTARIZED

O.C.G.A. § 50-36-1 states that an agency or political subdivision providing or administering a public benefit shall require every applicant for such benefit to execute a signed and sworn affidavit verifying the applicant's lawful presence in the United States.

By executing this affidavit under oath, as an applicant for a City of Alpharetta public benefit, I hereby state the following with respect to my application for (please check one):

- Occupational Tax Certificate (Business License)
(insert business name)
- Massage Spa License
(insert business name)
- Alcoholic Beverage License
(insert business name)

OR I am a United States citizen. By executing this affidavit, the undersigned applicant verifies the applicant's lawful presence in the United States as the undersigned applicant is a United States citizen 18-years of age or older. The undersigned applicant has provided at least one secure and verifiable document,* as defined by O.C.G.A. § 50-36-2 with this affidavit.

OR I am a legal permanent resident. By executing this affidavit, the undersigned applicant verifies the applicant's lawful presence in the United States as the undersigned applicant is a legal permanent resident 18-years of age or older. The undersigned applicant has provided at least one secure and verifiable document,** as defined by O.C.G.A. § 50-36-2 with this affidavit.

I am a qualified alien or non-immigrant. By executing this affidavit, the undersigned applicant verifies the applicant's lawful presence in the United States as the undersigned applicant is a qualified alien or non-immigrant under the federal Immigration and Nationality Act, Title 8 U.S.C. with an alien number issued by the Department of Homeland Security or other federal immigration agency, and is 18-years of age or older. The undersigned applicant has provided at least one secure and verifiable document,** as defined by O.C.G.A. § 50-36-2 with this affidavit.

Applicant's alien number issued by the Department of Homeland Security Or other federal immigration agency _____

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

Executed on _____, _____, 20__ in _____ (City) _____ (State)

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE ____ DAY OF _____, 20__

NOTARY PUBLIC

My Commission Expires

*Documents include a U.S. driver's license, U.S. passport, U.S. passport card or one of the other documents listed on the Attorney General's list of Secure and Verifiable Documents.

**Documents include a Permanent Resident card (from I-551), Arrival/Departure Record (form I-94), Employment Authorization Document (form I-766) or one of the other documents listed on the Attorney General's list of Secure and Verifiable Documents.

A complete listing of secure and verifiable documents is available through the Office of the Attorney General (GA) website:

<http://law.ga.gov/immigration-reports>.