



INSTRUCTIONS & IMPORTANT INFORMATION

All licensees seeking to continue their Massage / Spa license, must complete this application in full. Incomplete applications will not be accepted.

- Step 1:** Please review and complete all items on the Application. Incomplete applications will be returned.
- Step 2:** Once you have completed the application, mail or drop off the complete application to the City of Alpharetta, Codes Enforcement and Licensing Division
- Step 3:** Submit your license fees to the City of Alpharetta.

- Visit the City’s Citizen Self Service website and log into your account at:
[Alpharetta Citizen Self Service](https://mss.alpharetta.ga.us/mss/citizens/BusinessLicenses/Default.aspx) (https://mss.alpharetta.ga.us/mss/citizens/BusinessLicenses/Default.aspx)

Alpharetta Citizen Self Service QR Code:



- To log-in to your account, use the “Account ID” number shown in the upper right-hand corner of the Notice that was mailed to you or the “ID” number shown in the upper right-hand corner of your current alcohol license. The “Bill Year” will auto-populate. If you have any difficulties submitting payment, please contact the City of Alpharetta’s Cashier Office at 678-297-6060

If you have questions regarding this application, contact the Code Enforcement Office at 678-297-6086 or by email at massagespalicense@alpharetta.ga.us

City of Alpharetta
Code Enforcement and Licensing
2 Park Plaza
Alpharetta, GA 30009



ESTABLISHMENT INFORMATION

Name of Establishment:

DBA (if applicable):

Physical Address in Alpharetta:

Business Mailing Address:

Licensee First and Last Name:

Licensee Cell Phone:

Licensee Email:

Federal Tax ID:

GA Sales Tax #:

GA Withholding #:

Current Alpharetta Account ID #:

This number is located on the current license on the right hand corner of the license, above the phone number.

LOCATION INFORMATION

How many employees work at this business?

of Full-Time W2 Employees:

of Part-Time Employees:

Please provide the following information for the on-site manager of this business.

If there has been a change in management since the original application, the new manager must complete and submit a Personal Statement. [available here:

First and Last Name:

Address:

Cell Phone Number:

Email Address:

Do you own or lease the establishment premises?

Lease Own

If you lease the space, please provide contact information for your landlord.

First and Last Name:

Cell Phone Number:

Email Address:



BUSINESS OWNERSHIP INFORMATION

What is the ownership type of this business?

If the type of ownership has changed since original issuance or last year's renewal, please attach additional documentation showing said change. For example: Secretary of State filing, Fulton County filing, letters of incorporation, etc.

- Proprietorship Partnership LLP
- Corporation LLC Non-Profit
- Other (please specify)

List all persons having an interest of 10% or more in the business. Attach additional sheets if necessary.

Owner #1 Name:	Ownership Percentage:
Cell Phone:	
Email Address:	
Owner #2 Name:	Ownership Percentage:
Cell Phone:	
Email Address:	
Owner #3 Name:	Ownership Percentage:
Cell Phone:	
Email Address:	
Owner #4 Name:	Ownership Percentage:
Cell Phone:	
Email Address:	
Owner #5 Name:	Ownership Percentage:
Cell Phone:	
Email Address:	

If a Corporation or LLC, please provide the following information. Attach additional sheets if necessary.

President	Cell:	Email:
Vice President	Cell:	Email:
Secretary	Cell:	Email:
Treasurer	Cell:	Email:



IDENTIFICATION DOCUMENT OF LICENSEE

Please attach a copy or image of the licensee's identification document.

COPY OF IDENTIFICATION

Identification documents may be one (1) of the following:

1. U.S. driver's license;
2. U.S. passport;
3. U.S. military identification card;
4. Permanent Resident card (form I-551);
5. Arrival/Department Record (form I-94);
6. Employment Authorization Document (form I-766); or
7. Any other documentation listed on the Attorney General's list of Secure and Verifiable Documents provided at <https://law.georgia.gov/resources/immigration-reports>.



CITY OF ALPHARETTA

MESSAGE - SPA LICENSING

SAVE AFFIDAVIT VERIFYING LEGAL IMMIGRATION STATUS

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):

- Alcohol Beverage License or Permit Business Name: _____
- Pawn / Precious Metal License or Permit Business Name: _____
- Taxi Cab License or Permit Business Name: _____
- Massage and Spa License or Permit Business Name: _____
- Solicitation Permit Business Name: _____

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.

OR

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 (form 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>.



CITY OF ALPHARETTA

MESSAGE - SPA LICENSING

PRIVATE EMPLOYER AFFIDAVIT (PURSUANT TO O.C.G.A § 30-60-6(d))

By executing this affidavit under oath, as an applicant for an Alcohol Beverage 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



CITY OF ALPHARETTA
MESSAGE - SPA LICENSING
APPLICATION AFFIDAVIT

TO BE REVIEWED AND SIGNED BY LICENSEE AND NOTARY PUBLIC

Under penalty provided by law, the licensee, in the presence of the undersigned notary public, swears and/or affirms that they are the person named in the foregoing application, and that they have provided a complete, true, and complete response to each question.

Further, the licensee further swears and/or affirms that they will:

1. Treat this license as a privilege and not a right, as this license may be revoked or suspended;
2. Abide by all laws, rules, and regulations of the United States, the State of Georgia, and of the City of Alpharetta that are now in force or which may hereafter be enacted, which regulate and govern massage - spa establishments;
3. Ensure that all employees including licensee(s), who are not state licensed, are required to have a City of Alpharetta Work Permit;
4. Provide a list of all State Licensed personnel and a copy of their licenses;
5. Read and review the City of Alpharetta Massage - Spa Ordinance and require each employee to be familiar with the Ordinance and the relevant requirements.
6. Not assign the rights and responsibilities conferred by the license(s) to another;
7. Notify the City of Alpharetta Code Enforcement Office of any change to this application, establishment, management, and/or ownership within thirty (30) days of said change

Any misstatement or concealment of fact in the application shall be grounds for denying a license. The undersigned, as the licensee, understands that any falsehoods are ground for denial of this application. The undersigned further understands that any license issued contrary to state laws and city ordinances of the City of Alpharetta, Georgia shall be void, and under penalty of state law, the licensee may be prosecuted for submitting false statements and affidavits in connection with this application.

This _____ day of _____, 20_____.

Signature of Licensee

Print Name of Licensee

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

NOTARY PUBLIC
My Commission Expires: _____



CITY OF ALPHARETTA
MESSAGE - SPA LICENSING
REGISTERED AGENT FORM

Every establishment with an massage - sap license within the City of Alpharetta must designate a registered agent to serve on behalf of the establishment. The registered agent must be a legal resident of Fulton County, Georgia. Please complete and sign before a notary public.

ESTABLISHMENT INFORMATION

Establishment Name: Licensee's Cell Phone:
Establishment Address:
City: State: Zip Code:
Licensee's Email:

REGISTERED AGENT INFORMATION

Registered Agent's Name: Cell Phone Number:
Registered Agent's Address:
City: State: Zip Code:
Registered Agent's Email:

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. Further, I certify that I am a legal resident of Fulton County, Georgia.

This _____ day of _____, 20_____.

Signature of Registered Agent

Print Name of Registered Agent

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

NOTARY PUBLIC
My Commission Expires: _____

Signature of Licensee

Printed Name Licensee

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

NOTARY PUBLIC
My Commission Expires: _____



IDENTIFICATION DOCUMENT OF REGISTERED AGENTS

Please attach a copy or image of the registered agent's identification document.

COPY OF IDENTIFICATION

Identification documents may be one (1) of the following:

1. U.S. driver's license;
2. U.S. passport;
3. U.S. military identification card;
4. Permanent Resident card (form I-551);
5. Arrival/Department Record (form I-94);
6. Employment Authorization Document (form I-766); or
7. Any other documentation listed on the Attorney General's list of Secure and Verifiable Documents provided at <https://law.georgia.gov/resources/immigration-reports>.



CITY OF ALPHARETTA

MESSAGE - SPA LICENSING

PERSONAL STATEMENT FOR APPLICATIONS

This personal statement form for renewal applications must be completed if there has been a change in manager, registered agent owning more than 10% (but less than a majority or equal part ownership) of the business. In the event, that there is a change in a majority owner or officer/director of the business, a new public hearing application is required.

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. This form must be executed under oath and signed before a notary public.

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

Name Of Business With Which This Statement Is Affiliated: _____

Business Location / Street Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Position In Business Of Above Named Person: _____ Percent Ownership / Interest In Business: _____

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

Do you have any financial interest or are you employed in any business engaged in massage - spa establishment?

- Yes If "yes", please provide the name, location and your role with the business or businesses.
- No

Have you ever had any financial interest in an massage - spa business that was denied for a license or permit?

- Yes If "yes", please provide details as to the business and the reason for the denial(s).
- No

Has any massage - spa business in which you hold or have held any financial interest or by which you are employed or have been employed ever been cited for any violation of the rules and regulations of the State or local laws relating to an massage - spa establishment?

- Yes
- No

If, during the past ten (10) years, you have bought and sold any massage - spa business, please provide the details (date of sale, license number, persons and considerations involved).

Have you ever been denied bond by a commercial security company?

- Yes If "yes", please provide details as to the reason for the denial(s).
- No

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 Code _____

Your Business Address: _____

City _____ State: _____ Zip Code _____

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, please proceed to the next question set.

Date Naturalized: _____ Place and Court: _____ Certificate #: _____

Petition #: _____ Derived Parents' Certificate #: _____ Alien Registration #: _____

Native Country: _____ Date of US Entry: _____ Port of Entry: _____

Marital Status: Single Married Widowed Divorced Separated

If married or separated, please provide the following information about your spouse.

Full Name (Last, First, Middle): _____ Social Security #: _____

Maiden Name: _____ Date Of Birth: _____

Name and Address of Employer: _____

Employment record for the past ten (10) years, noting experience from most to least recent. Note month and year. All forms must be completed.

Date Employed To	Date Employed From	Description of Occupation and Duties Performed	Salary Earned	Employees	Reason For Leaving
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

List all of your places of residence for the past ten (10) years from the most to the least recent. Note month and year of residence.

Residence From	Residence Until	Street Address	City	State
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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: _____

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. Further, I hereby authorize the City of Alpharetta to receive any criminal history record information pertaining to me which may be in the files of any criminal justice agency.

Applicant's Printed Name

Date Of Application

Applicant's Signature

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 and, under oath actually administered by me, has sworn that said statements and information are true and correct.

This _____ day of _____, 20 _____

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

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: _____
 Company (If Applicable): _____ Telephone: _____
 Your Business Address: _____
 City _____ State: _____ Zip Code _____

4. 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

MESSAGE - SPA LICENSING

PERSONAL STATEMENT FORM FOR APPLICATIONS

IDENTIFICATION DOCUMENT OF INDIVIDUALS COMPLETING A PERSONAL STATEMENT FORM

Please attach a copy or image of an identification document for individuals completing a Personal Statement Form.

COPY OF IDENTIFICATION

Identification documents may be one (1) of the following:

1. U.S. driver's license;
2. U.S. passport;
3. U.S. military identification card;
4. Permanent Resident card (form I-551);
5. Arrival/Department Record (form I-94);
6. Employment Authorization Document (form I-766); or
7. Any other documentation listed on the Attorney General's list of Secure and Verifiable Documents provided at <https://law.georgia.gov/resources/immigration-reports>.

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 (example: massage 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 and must be renewed in advance of expiration date.

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 Alpharetta Public Safety Records Department at
678-297-6306, or scan the QR Code below

By Appointment Only



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

Work Permit Fee \$50.00

CITY OF ALPHARETTA

Massage - Spa Licensing

Please provide a list of services offered at (business name):

Business Name and Address

1	
2	
3	
4	
5	
6	
7	
8	

Should more space be needed, please write on the back of this document

The service(s) listed will determine the license type required.

Owner Name

Date

Massage and Spa License Property Owner Consent and Acknowledgement

This Affidavit Must Be Notarized

Real Property Owner, as Lessor to a Massage and Spa License establishment, acknowledges that they have read and understand City of Alpharetta Municipal Code **Article IX** and fully understands the requirements of this article, including, but not limited to, the provisions set forth in **section 10-288** - Real Property used for illegal sexual activity, property owner responsibility.

For a complete copy of the City of Alpharetta Municipal Code Section please visit www.alpharetta.ga.us, Government, City Code.

Sec. 10-288. Real property used for illegal sexual activity, property owner responsibility.

- (a) In accordance with O.C.G.A. § 41-3-13, the municipal court shall have jurisdiction to hear and determine the question of the existence of the nuisance provided for in O.C.G.A. § 41-3-1 and as further defined herein, and, if found to exist, to order its abatement.
- (b) As used in this subsection, the term:
 - (1) "Sex crime-related arrest" means an arrest for unlawful sexual conduct of any kind alleged to have occurred at the massage establishment or spa establishment, including, but not limited to, and citation, summons, accusation or indictment for violations of state laws concerning lewdness, prostitution, sodomy, the solicitation of sodomy, or masturbation for hire; provided, however, that any such arrests which result directly from cooperation between the real property owner and a law enforcement agency shall not be considered a sex crime-related arrest for purposes of this section.
 - (2) "Substantial illegal sexual activity" means activity comprised of three or more separate incidents resulting in sex crime-related arrests within a 24-month period on the same parcel of real property.
- (c) Any owner of real property, regardless of whether such owner is the occupant of the subject premises, who has knowledge that substantial illegal sexual activity is being conducted on such property, shall be guilty of maintaining a nuisance, and such real property shall be deemed a nuisance and may be abated as provided by law.
- (d) The owner of real property shall be deemed to have knowledge of illegal sexual activity occurring on a parcel of real property if the city notifies the owner in writing of two or more separate incidents occurring on the same premises within a 24-month period that result in sex crime-related arrests and, after the receipt of such notice and within 24 months of the first of the incidents resulting in a sex crime-related arrest, one or more separate incidents occur which result in a sex crime-related arrest.
- (e) The provisions of this section are cumulative of any other remedies and shall not be construed to repeal any other existing remedies for related nuisances. Nothing in this section and no action taken hereunder shall be held to exclude such other civil, criminal, or administrative proceedings as may be authorized by other provisions of this Code or any of the laws in force in the city, or to exempt anyone violating this Code or any part of said laws from any penalty which may be incurred.

(Ord. No. 723, § 12-174, 4-4-2016)

Property Address: _____, Alpharetta, GA, Zip _____

Real Property Owner Printed Name: _____ Date _____

Real Property Owner Signature _____

I hereby certify that _____ signed his/her name to the foregoing application stating to me that he/she knew and understood Article IX: Massage and Spa Establishments as well as Section 10-288.

This _____ day of _____, 20__

Notary Public – Printed Name

Notary Public - Signature