



City of Alpharetta
 Business Licensing
 2 Park Plaza
 Alpharetta, Georgia 30009
 (678) 297-6086
 www.alpharetta.ga.us
 messagespalicense@alpharetta.ga.us

Massage or Spa Establishment License Application

| | | | | |
|--|---|------------------|--|----------|
| BUSINESS INFORMATION | | | | |
| BUSINESS NAME/DBA | | | CONTROL # <i>(assigned by the City)</i> | |
| LOCATION ADDRESS | SUITE/UNIT | CITY | STATE | ZIP CODE |
| BUSINESS PHONE | FEDERAL ID (EIN) OR SSN (Sole Proprietor) | | DATE BUSINESS OPENED IN CITY | |
| BUSINESS MAILING ADDRESS | | CITY | STATE | ZIP CODE |
| BRIEFLY DESCRIBE ALL BUSINESS ACTIVITIES AT ESTABLISHMENT | | | | |
| APPLICANT/LICENSEE NAME – <i>The name of employee or agent primarily responsible for the operation of the licensed premises. Provide copy of valid picture identification and complete BCI Background Authorization Form.</i> | | | APPLICANT CONTACT PHONE | |
| APPLICANT RESIDENTIAL MAILING ADDRESS | | | | |
| ADDRESS | | UNIT/APT # | | |
| CITY | | STATE | ZIP CODE | |
| ARE YOU 21 YEARS OF AGE OR OLDER? Check: <input type="checkbox"/> YES or <input type="checkbox"/> NO | | | | |
| CORPORATE INFORMATION | | | | |
| TYPE OF OWNERSHIP (<i>check one</i>) – <i>Provide copies of legal entity's certificate or articles of incorporation.</i> | | | | |
| <input type="checkbox"/> CORPORATION <input type="checkbox"/> FOREIGN CORP <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC <input type="checkbox"/> OTHER _____ | | | | |
| CORPORATE NAME | | | CORPORATE PHONE | |
| CORPORATE ADDRESS | | CITY | STATE | ZIP CODE |
| OFFICERS, PARTNERS OR STOCKHOLDERS – <i>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 a ten percent 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.</i> | | | | |
| (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 | |

Receipt #: _____

New Existing

Initials: _____

CONTINUED

(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

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 cover by the license.

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

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 or 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 or 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?

Check: YES or NO

If yes, please provide the following:

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

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 shoulders 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 Alpharetta 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.

Check: YES or NO

_____ I/We certify that a copy of City of Alpharetta Chapter IX, Article 10, 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 the City of Alpharetta.

**APPLICATION MUST BE COMPLETED IN FULL AND SUBMITTED IN PERSON TO
THE CITY OF ALPHARETTA REVENUE WITH FULL PAYMENT OF ALL FEES**

FEES: (a) NON-REFUNDABLE APPLICATION FEE: \$100 LICENSE FEE: \$400
(b) BACKGROUND INVESTIGATION - # OF APPLICANTS: _____ 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.) Complete a Criminal History Consent form for each and copy of government issued identification.
(c) TOTAL AMOUNT DUE – amount of line (a) plus line (b) _____

Make checks or money order payable to: **City of Alpharetta**

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

- Completed application with full payment of all regulatory fees, notarized.
- "Registered Agent Information Form." The registered agent must reside in Fulton County and be at least 18 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 Alpharetta work permit.
- "Affidavit Verifying Lawful Presence Within the United States" must be completed by the applicant(s).
- "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).
- Copy of the lease for the commercial location with the City of Alpharetta
- Copy of your valid City of Alpharetta Business Occupation Tax Certificate. (Renewing Applicants Only)

► **REFER TO THE CITY OF ALPHARETTA MUNICIPAL CODE CHAPTER 10, ARTICLE IX, MASSAGE ESTABLISHMENTS AND SPAS, FOR A COMPLETE REFERENCE TO THE CITY'S REGULATIONS.**

CERTIFICATION

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

- I. To supplement the information contained in this application within in 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 Alpharetta Code Enforcement Division].
- 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 be 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 Alpharetta 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 at the present. I understand that this information may be used against me during the course of the City of Alpharetta's investigation. I further certify that I will notify the City of Alpharetta Office of Codes Enforcement and Licensing of any changes affecting my status and/or position with this company.

Print Name and Title of Applicant

Signature of Applicant

Subscribed and sworn to before me

This the _____ day of _____, 20_____.

(Clerk/Notary Public)



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 Spa license
- 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): City of Alpharetta (Code Enforcement Office) Telephone: 678-297-6086
 Your Business Address: 2 Park Plaza
 City Alpharetta State: GA Zip Code 30009

3. 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: _____



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Authorization for Background Investigation *(Massage or Spa Establishment License)*

By signature below, I hereby authorize the City of Alpharetta 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 Middle Initial Social Security Number

Have you ever used or are you known by any other names? (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 addresses 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

M / F / /
Sex Race Date of Birth Driver's License Number State Issued

Signature below also releases the **City of Alpharetta and/or their designee** 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



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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’s Code Enforcement division 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’s Code Enforcement division within ten (10) days from the date of such change.

- *City work permits as described in Article IX Sec. 10-281 Employee work permits are required for all on-premises owners, managers, supervisors, and employees who do not have a valid Georgia State issued massage therapist license. 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 |

(Continued on Next Page)

Employee List Continued

(5) _____
NAME OF EMPLOYEE DUTIES & SERVICES PERFORMED FOR THE ESTABLISHMENT

HOME ADDRESS, CITY, STATE & ZIP HOME PHONE NUMBER

STATE MESSAGE THERAPIST LICENSE # LICENSE OR PERMIT EXPIRATION
OR CITY WORK PERMIT #

(6) _____
NAME OF EMPLOYEE DUTIES & SERVICES PERFORMED FOR THE ESTABLISHMENT

HOME ADDRESS, CITY, STATE & ZIP HOME PHONE NUMBER

STATE MESSAGE THERAPIST LICENSE # LICENSE OR PERMIT EXPIRATION
OR CITY WORK PERMIT #

(7) _____
NAME OF EMPLOYEE DUTIES & SERVICES PERFORMED FOR THE ESTABLISHMENT

HOME ADDRESS, CITY, STATE & ZIP HOME PHONE NUMBER

STATE MESSAGE THERAPIST LICENSE # LICENSE OR PERMIT EXPIRATION
OR CITY WORK PERMIT #

(8) _____
NAME OF EMPLOYEE DUTIES & SERVICES PERFORMED FOR THE ESTABLISHMENT

HOME ADDRESS, CITY, STATE & ZIP HOME PHONE NUMBER

STATE MESSAGE THERAPIST LICENSE # LICENSE OR PERMIT EXPIRATION
OR CITY WORK PERMIT #

(9) _____
NAME OF EMPLOYEE DUTIES & SERVICES PERFORMED FOR THE ESTABLISHMENT

HOME ADDRESS, CITY, STATE & ZIP HOME PHONE NUMBER

STATE MESSAGE THERAPIST LICENSE # LICENSE OR PERMIT EXPIRATION
OR CITY WORK PERMIT #

(10) _____
NAME OF EMPLOYEE DUTIES & SERVICES PERFORMED FOR THE ESTABLISHMENT

HOME ADDRESS, CITY, STATE & ZIP HOME PHONE NUMBER

STATE MESSAGE THERAPIST LICENSE # LICENSE OR PERMIT EXPIRATION
OR CITY WORK PERMIT #

► Attach a separate list if necessary ◀



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Affidavit Verifying Lawful Presence Within the United States

I, (print name) _____, 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 a qualified alien or nonimmigrant under the federal Immigration and Nationality Act 18 years of age or older lawfully present in the United States.

Alien Registration Number: _____

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

Alcoholic Beverage License for _____
Print Business Name

Alcohol Employee Pouring Permit

Massage Spa License _____
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 that knowingly and willfully making a false, fictitious, or fraudulent statement of representation in this affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Print Name of Applicant

Position Title (if applicable)

Signature of Applicant

Date

Subscribed and sworn to before me on
the _____ day of _____, 20_____.

NOTARY SEAL

(Clerk/Notary Public)

My commission expires: _____



CITY OF ALPHARETTA

MASSAGE SPA LICENSING REGISTERED AGENT FORM

Every establishment with a massage spa 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. Code Sec. 10-279 (12)

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: _____

Does/Will the Registered Agent have an ownership or financial interest in the business? Yes No

If so, and their interest is 10% or more, the Registered Agent must complete a Personal Statement form and background check.

If yes, what percentage / amount of ownership does the Registered Agent have? _____

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 AGENT

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
CODE ENFORCEMENT AND LICENSING**

Please provide a list of services offered at:

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) listing will determine if a Massage and or Spa License will be required under the City of Alpharetta Municipal Code.

Owner Name

Date

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 Business Occupation 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
(Please note, this number is not your FEIN)

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

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.

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

City of Alpharetta Rules and Required Documentation for Permits

The permit is required to be on your person while working and must be produced upon request. The permit fees are non-refundable.

Massage Spa Permits are only valid in City of Alpharetta.

If permit is lost, a replacement permit may be obtained and requested from the Records Office of the Alpharetta Department of Public Safety during business hours for a cost of \$5.00. Expiration date will remain the same.

Required Documentation for the Permitting Process:

- Federal or State issued Photo Identification

You will be DENIED the Massage Spa Permit if you do not meet the City of Alpharetta Ordinance requirements below:

- Sec. 10-281. - Employee Work Permits Required
 - o (d) Issuance of work permit. Upon the filing of a completed massage/spa establishment work permit application, the city shall cause to be conducted a criminal background investigation of the applicant and shall transmit a summary of the investigation results to the director of public safety or his/her designee. Within 30 days of the filing of a completed massage/spa establishment work permit application, the director of public safety or his/her designee shall either issue a work permit to the applicant or issue a written notice of intent to deny the work permit to the applicant. The director of public safety, or his/her designee, shall issue the work permit unless:
 - o (1) The applicant is less than 18 years of age.
 - o (2) The applicant has failed to provide information required by this article for issuance of a work permit or has falsely answered a question or request for information on the application form.
 - o (3) The work permit fee required by this article has not been paid.
 - o (4) The establishment for which the applicant seeks a work permit does not have a valid massage/spa establishment license from the city.
 - o (5) The applicant has been an owner, director, officer, partner, member, or shareholder of a massage establishment or spa establishment that has, in the previous five years (and at a time during which the person was so related to the establishment):
 - a. Been declared by a court of law to be a nuisance; or
 - b. Had its license to operate a massage establishment or a spa establishment revoked.
 - o (6) The applicant has within the previous five years been convicted of, or pleaded guilty or entered a plea of nolo contendere to, a specified criminal activity, as defined in this article.

*****READ THE PARAGRAPH BEFORE COMPLETING APPLICATION*****

ALPHARETTA POLICE DEPARTMENT PERMIT APPLICATION

The undersigned individual hereby respectfully requests the issuance of a permit to work in the City of Alpharetta as approved by the City of Alpharetta rules and regulation as well as other State and Local ordinances. It is understood that any omission or falsification of the facts below will result in the denial of this permit and a refund for the application will not be issued.

PLEASE CHECK POSITION: Management: Server Bartender Other
Pouring Permit \$50.00 Precious Metal \$50.00: Massage/Spa \$50.00:
Door to Door Solicitation \$100.00 Package/Liquor Store \$50.00

PLACE OF EMPLOYMENT (Print Clearly and Legibly) EMPLOYMENT ADDRESS
NAME OF APPLICANT: Last: _____ First: _____ MI: _____
TELEPHONE NUMBER: _____ EMAIL ADDRESS: _____
ADDRESS OF APPLICANT: _____ CITY: _____ STATE: GA Z1P: _____
DATE OF BIRTH: _____ PLACE OF BIRTH: _____ SEX: CHOOSE RACE: CHOOSE
HEIGHT: ___ ft ___ in WEIGHT: _____ EYES: _____ HAIR: _____

Do you have a current or expired permit with Alpharetta? No Yes
Permit expiration date: _____

I have read and understand the criminal history permit disqualifiers given to me as part of this application.
Yes: No:

I have read this application completely and understand it. I also understand that the permit fee is non-refundable.

SSN:

Criminal History Record Information Frequently Asked Questions (FAQs)

What information is contained in a Georgia criminal history record?

The criminal history record includes the person's identification data (name, date of birth, social security number, sex, race, height, weight, etc.), arrest data (including arresting agency, date of arrest, and charges), final judicial disposition data submitted by a court, prosecutor or other criminal justice agency and custodial information if the offender was incarcerated in a Georgia correctional facility.

How do I request a correction or update of my Georgia criminal history record?

If your criminal history record has inaccurate or missing information, GCIC cannot correct or update your criminal history record without appropriate documentation and/or authorization of the submitting agency. As of December 1, 2008, law enforcement agencies must use the web-based Computerized Criminal History (CCH) User Interface to update or modify arrest and identification data submitted by their agency. All other criminal justice agencies, such as courts, prosecutors, probation/parole offices, are encouraged to transmit online updates or modifications, thereby reducing the time to complete the record update. Written requests submitted to GCIC must be on official letterhead, with the following information: full name of subject, date of birth, social security number, race, sex, and date of arrest; or State Identification Number (SID) and date of arrest or Offender Tracking Number (OTN) for that date of arrest; and the requested changes. If the above information is not included in the document, the request cannot be processed.

How do I obtain a copy of a criminal history record from a State other than Georgia?

Contact the State's criminal justice agency (Bureau of Investigation, State Police, etc.) to obtain information on requirements and fees. Requirements may be listed on the agency's website.

How do I obtain a copy of my national criminal history record?

Individuals can obtain a copy of their national criminal history record from the FBI. In order to receive a copy of your FBI record for personal, employment, or international work requirements, please visit the FBI website, <http://www.fbi.gov/hq/cjisd/fprequest.htm> for more information.

What is Georgia's First Offender Act (FOA)?

Per Georgia law (O.C.G.A. § 42-8-60), "upon a verdict or plea of guilty or nolo contendere, but before an adjudication of guilt, the court may, in the case of a defendant who has not been previously convicted of a felony, without entering a judgment of guilt and with the consent of the defendant, defer further proceeding and place the defendant on probation as a first offender.

If the terms of the first offender sentence are successfully completed, and the probationer discharged, those charges would be sealed on the GCIC database when the discharge is applied to the GCIC criminal history; however, such information may be available through other sources, including court docket books, criminal justice agency websites, or through "third party" vendors. GCIC must receive official notification that the subject has successfully completed the FOA requirements. The record is not automatically sealed based on the passage of the probation sentence.

Georgia law (O.C.G.A. § 42-8-65(b)) requires GCIC to change the first offender sentence to a conviction if, prior to successful discharge, the subject is arrested and convicted of another offense while still on first offender probation or the offender has received prior FOA treatment. Courts may also revoke a first offender sentence, indicate unsatisfactory completion of the first offender sentence or change to an adjudication of guilt.

Georgia law (O.C.G.A. § 42-8-63.1) notes offenses for which a FOA discharge may be used to disqualify a person for employment; thus the information will be disseminated to prospective employers

What is Conditional Discharge?

Conditional Discharge Programs are different from the Georgia First Offender Act, but there are distinct differences. Conditional Discharge Programs are designed for offenders who have been charged with first time underage possession of alcohol (O.C.G.A. §3-3-23.1) or drug use (O.C.G.A. §16-3-2) and placed on probation without entering a judgment of guilt. Upon fulfillment of the terms and conditions, the court shall *discharge* the person and *dismiss* the proceedings against the defendant. *Discharge and dismissal under this Code section shall be without court adjudication of guilt.* Discharge and dismissal, per code section, may occur only once with respect to any person. A person sentenced under O.C.G.A. §§ 16-13-2 or 3-3-23.1 is not eligible for record restriction under O.C.G.A §35-3-37(d)(7) unless the terms specifically provided for record restriction of the arrest record.

Contact Information

Georgia Crime Information Center

CCH/Identification Services

P.O. Box 370808

Decatur, Georgia 30037-0808

Fax: 404-270-8417

Email: **Criminal history updates/modifications** - gacriminalhistory@gbi.state.ga.us

Employment, licensing, visa (travel) or any other non-criminal justice purpose –

GAApplicant@gbi.ga.gov

Telephone Helpline: 404-244-2639

- Option 1. Criminal History Inquiries regarding Record Restriction or Updates
- Option 2. Applicant Background Information
- Option 3. Attorney or Public Defender
- Option 4. Livescan or Identification Inquiries
- Option 5. Internet Felon Criminal History



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 Spa license
- 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): City of Alpharetta Telephone: 678-297-6086
 Your Business Address: 2 Park Plaza
 City Alpharetta State: GA Zip Code 30009

3. 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: _____