



Application Date: _____
____/____/____

Registration # _____

SPA/MASSAGE AND BODYWORK THERAPY BUSINESS REGISTRATION APPLICATION

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BUSINESS INFORMATION:

NEW _____ RENEWAL _____

NAME OF BUSINESS: _____ PHONE: _____

FULL NAME OF MANAGER: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

NATURE OF BUSINESS: _____ CITY LIMITS? Y N

APPLICANT / OWNER INFO:

(1) FULL NAME: _____ SS: _____

DOB: _____ PLACE OF BIRTH: _____ SEX: _____

NATIONALITY: _____ CITIZENSHIP: _____

ALIAS: _____

(2) ADDRESS: _____

_____ PHONE: _____

(3) PROVIDE COPY OF WRITTEN PROOF THE APPLICANT IS AT LEAST 21 YEARS OF AGE. (*Drivers License, Birth Certificate*)

(4) BUSINESS, OCCUPATION, OR EMPLOYMENT HISTORY for the last five years:

(5) BUSINESS LICENSE HISTORY where applicant, in previous operations has had such license or permit for a spa/massage and bodywork therapy business or similar type business revoked or suspended, the reason therefore, and the business activity or occupation subsequent to such action or suspension or revocation: _____

(If more space is needed please attach additional pages and check here: Attachments? _____

(6) IF PARTNERSHIP-Name and address of partners: _____

IF CORPORATE-Name and Home Office address: _____

OFFICERS: _____ DOB _____
_____ DOB _____
_____ DOB _____

(7) LIST arrests, convictions, and Municipal or County Ordinance violations for owner, officers, partners and manager of business: _____

(8) If doing business under a trade name, ATTACH a copy of the trade name properly recorded. If the applicant is a corporation, ATTACH a copy of authority to do business in the state, including articles of incorporation, trade name affidavit, if any, last annual report, if any.

(9) Address of Premises to be licensed: _____

(10) Owned ____ or Rented ____ (Check one)

(11) OATH: THE UNDERSIGNED SWEARS OR AFFIRMS THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT IN EVERY RESPECT.

(12) NAME, ADDRESS, SOCIAL SECURITY NUMBER, AND DATE OF BIRTH of any and all persons who have a financial interest in the entity applying for the license, and ATTACH CONSENT FOR THE COUNTY TO OBTAIN HIS OR HER CRIMINAL HISTORY RECORD INFORMATION: (Use a separate sheet, if necessary).

(13) NAME, ADDRESS, SOCIAL SECURITY NUMBER, AND DATE OF BIRTH of any and all persons who will be employees of the business applying for the license, and ATTACH CONSENT FOR THE COUNTY TO OBTAIN HIS OR HER CRIMINAL HISTORY RECORD INFORMATION:

(14) ATTACH a copy of the License issued by the Georgia Board of Massage Therapy FOR EACH PERSON WORKING IN THE BUSINESS OF PERFORMING MASSAGE OR REFLEXOLOGY. *(This does not apply to clerical or administrative personnel). If a new employee is hired to perform MASSAGE OR REFLEXOLOGY a copy of the License shall be furnished the County within 15 days of the date of hire and the information and consent required in (13) above.*

(15) The Applicant acknowledges and agrees that the business shall be operated in accordance with the Ordinances and Resolutions of the County and in accordance with

Do not write below this line

BANKS COUNTY USE ONLY:

ZONING CLASSIFICATION: _____

PLANNING COMMISSION CERTIFICATION:

ZONING OFFICER SIGNATURE

DATE

SHERIFF DEPARTMENT CERTIFICATION:

SHERIFF/OFFICER SIGNATURE

DATE

S.A.V.E Affidavit Complete? _____

FEE PAID \$ _____

CHECK # _____

HEALTH SPA/MASSAGE AND BODYWORK THERAPY

EMPLOYEE INFO:

1. JOB DESCRIPTION: _____

2. FIRST NAME: _____

LAST NAME: _____ MID NAME: _____

3. SS: _____

DOB: _____ PLACE OF BIRTH: _____ SEX: _____

NATIONALITY: _____ CITIZENSHIP: _____

ALIAS: _____

4. ADDRESS (past 5 yrs):

PHONE: _____

4. PROVIDE COPY OF WRITTEN PROOF THE APPLICANT IS AT LEAST 18 YEARS OF AGE. (*Drivers License, Birth Certificate*)

5. BUSINESS, OCCUPATION, OR EMPLOYMENT HISTORY for the last five years:

6. LIST arrests, convictions, and Municipal or County Ordinance violations within the past 10 years: _____

7 OATH: THE UNDERSIGNED SWEARS OR AFFIRMS THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT IN EVERY RESPECT

8 ATTACH a copy of the License issued by the Georgia Board of Massage Therapy for MASSAGE OR REFLEXOLOGY

9 ATTACH A CURRENT BACKGROUND CHECK FROM THE BANKS COUNTY SHERIFF'S DEPARTMENT

State of _____

County of _____

Subscribed and Sworn To Before Me This Day of _____

Notary Public

My Commission Expires: _____ (Seal of Notary)

Signature of Applicant _____ Date _____

Printed Name and Title