



## MASSAGE PARLOR APPLICATION Information & Checklist

- Application form
- Copy of two (2) forms of photo identification, such as driver's license or official identification card for each owner and massage therapists employed by owner/applicant
- Copy of Legal Alien Card (if applicable) for all individuals submitting personal history
- All individuals required to complete personal history statement must contact the Police Permits Department (678) 377-4300 for fingerprinting or provide fingerprints at time of application
- Copy of the State license of each massage therapist that will be employed by the owner/applicant

# Application Form

**INSTRUCTIONS:** This application must be typed or printed legibly and executed under oath. Each question must be answered completely. (If the space provided is not sufficient, answer on a separate sheet and indicate in the space if a separate sheet is attached.)

## BUSINESS INFORMATION:

Business Name: \_\_\_\_\_ Date: \_\_\_\_\_

Location \_\_\_\_\_  
*Street Address* \_\_\_\_\_ *Unit #* \_\_\_\_\_

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code* \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*(if different)* *Street Address* \_\_\_\_\_ *Unit #* \_\_\_\_\_

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code* \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Please list the services to be provided at the business:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

## OWNER:

Full Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Corporation Name *(if applicable)*: \_\_\_\_\_

Location: \_\_\_\_\_

Mailing Address *(if different)*: \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

**NOTE:** Before signing this statement, check all answers and explanations to see that you have answered all question fully and correctly. This statement is to be executed under oath and subject to the penalties of false swearing, and it includes all attached sheets submitted herewith.

STATE OF GEORGIA, \_\_\_\_\_ COUNTY

I, \_\_\_\_\_, DO SOLEMNLY SWEAR, SUBJECT TO THE PENALTIES OF FALSE SWEARING, THAT THE STATEMENTS AND ANSWERS MADE BY ME AS THE APPLICANT IN THE FOREGOING PERSONNEL STATEMENT ARE TRUE AND CORRECT.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

I HEREBY CERTIFY THAT \_\_\_\_\_ SIGNED HIS/HER NAME TO THE FOREGOING APPLICATIONS 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 TRUE AND CORRECT.

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

NOTARY PUBLIC: \_\_\_\_\_

(S E A L)

*Commission Expiration Date:* \_\_\_\_\_



# PERSONAL HISTORY STATEMENT

**Instruction:** This statement must be typed or neatly printed, under oath. Each question must be fully answered. If the space provided is not sufficient, answer on a separate sheet and indicate in the space if a separate sheet is attached.

1. Name: \_\_\_\_\_  
*Last First Middle*

Residence: \_\_\_\_\_  
*Street Number Street Name*

\_\_\_\_\_ *City State Zip Code Telephone Number*

2. Check:

- Sole Owner/Proprietor     Partner     General     Limited     Silent  
 Manager     Employee: \_\_\_\_\_

3. Trade name of the business for which this statement is for:

Name of Business: \_\_\_\_\_

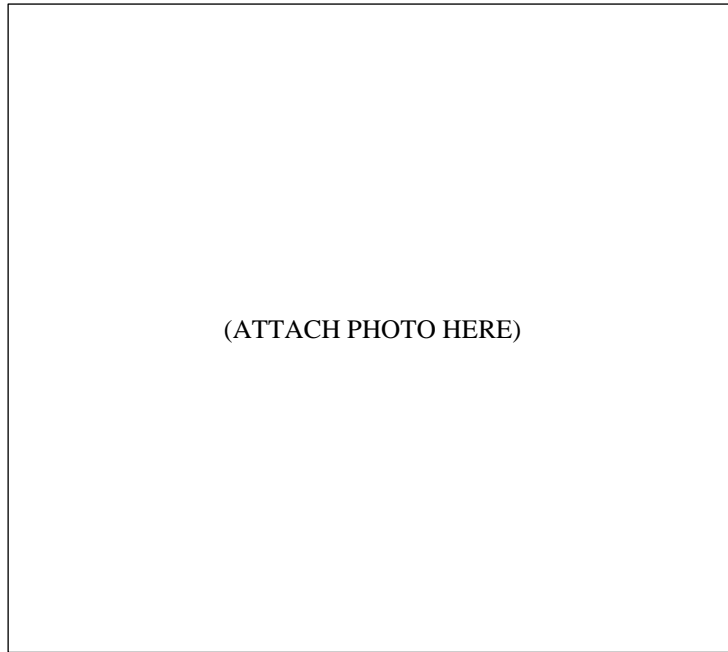
Location: \_\_\_\_\_  
*Street Number Street Name P.O. Box*

\_\_\_\_\_ *City State Zip Code Telephone Number*

4. Have you ever been arrested, or held by federal, state, or other law-enforcement authorities for any violation of any federal law, state law, county, or municipal law, regulation, or ordinances? (Do not include traffic violations. All other charges must be included even if they were dismissed. Give reason charged or held, date, place where charged and disposition. If no arrest, write no arrest. After last arrest is listed, please write no other arrest):

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

5. Attach photograph (FRONT VIEW) taken within the past year:



**\*\*Please provide two (2) forms of photo identification, such as driver's license or official identification card for each owner and massage therapists employed by owner/applicant**

**NOTE:** Before signing this statement, check all answers and explanations to see that you have answered all question fully and correctly. This statement is to be executed under oath and subject to the penalties of false swearing, and it includes all attached sheets submitted herewith.

STATE OF GEORGIA, \_\_\_\_\_ COUNTY

I, \_\_\_\_\_, DO SOLEMNLY SWEAR, SUBJECT TO THE PENALTIES OF FALSE SWEARING, THAT THE STATEMENTS AND ANSWERS MADE BY ME AS THE APPLICANT IN THE FOREGOING PERSONNEL STATEMENT ARE TRUE AND CORRECT. FURTHER, AS PART OF THE PROCESS RESULTING FROM MY APPLICATION FOR BACKGROUND INVESTIGATION. I HEREBY AUTHORIZE PERSONNEL OF THE GWINNETT COUNTY POLIC DEPARTMENT TO RECEIVE, VERIFY, AND DISSEMINATE ANY CRIMINAL HISTORY INFORMATION, WHICH MAY BE IN THE FILES OF ANY LOCAL, STATE, OR FEDERAL CRIMINAL JUSTICE AGENCY FOR INVESTIGATIVE PURPOSES, DENIAL, OR APPEALS.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

I HEREBY CERTIFY THAT \_\_\_\_\_ SIGNED HIS/HER NAME TO THE FOREGOING APPLICATIONS STATING TO ME THAT HE KNEW AND UNDERSTOOD ALL STATEMENTS AND ANSWERS MADE THEREIN, AND, UNDER OATH ACTUALLY ADMINISTERED BY ME, HAS SWORN THAT SAID STATEMENTS AND ANSWERS ARE TRUE AND CORRECT.

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

NOTARY PUBLIC: \_\_\_\_\_

(S E A L)

*Commission Expiration Date:* \_\_\_\_\_



# Dacula Marshal's Office Georgia Crime Information Center Consent Form

I \_\_\_\_\_ hereby give consent the City of Dacula Marshal's Office to perform a Georgia criminal history background check and authorize the Office to record information pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia.

\_\_\_\_\_  
Address

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

Special employment provisions (check if applicable):

- Employment with mentally disabled (Purpose code "M")
- Employment with elder care (Purpose code "N")
- Employment with children (Purpose code "W")
- Alcohol License Application (Purpose code "E")
- Other Government Employment

One of the following must be circled:

This authorization is valid for 90/180/\_\_\_\_\_ (circle one) days from date of signature.

Please include a copy of either current State Driver's License, Passport, or Military ID.

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Personally appeared the above named applicant who on says that (he) (she) is the applicant for the foregoing, and that all the above statement are true to the best of (his) (her) knowledge.

\_\_\_\_\_  
Applicant's Signature

Sworn and subscribed before this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

Commission Expiration Date: \_\_\_\_\_

( S E A L )



# SAVE PUBLIC BENEFITS AFFIDAVIT

By executing this affidavit under oath, as an applicant for an Occupational Tax Certificate, Alcohol License, or any other public benefit document required to operate a business as referenced in O.C.G.A. § 50-36-1, from the City of Dacula, the undersigned applicant verifies one of the following with respect to my application for public benefit. (Please check one.)

1.  I am a United States citizen. (Include copy of either current State Driver's License, Passport, or Military ID)
2.  I am a legal permanent resident of the United States. (Include a copy of a current State Driver's License and a copy of your Permanent Resident Card/Employment Authorization Card)
3.  I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. My alien number is \_\_\_\_\_. (Include a copy of a State Driver's License and a copy of your Permanent Resident Card/Employment Authorization Card)

The undersigned applicant hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by Georgia Law O.C.G.A. § 50-36-1(e)(1) with this affidavit.

Which type of secure and verifiable document was provided with this affidavit? \_\_\_\_\_

**In making the above representation under oath, I understand that any person who knowingly and willfully who makes a false, fictitious, or fraudulent statement or representation in this affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.**

Completed by Notary:

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Subscribed and sworn before me on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state)

Notary public signature: \_\_\_\_\_ My commission expires: \_\_\_\_\_





# E-VERIFY AND PRIVATE EMPLOYER AFFIDAVIT

By executing this affidavit under oath, as an applicant for an Occupational Tax Certificate/Business License, Alcohol License, or other public document required to operate a business as referenced in O.C.G.A. § 36-60-6(d), from the City of Dacula, the undersigned applicant representing the private employer known as \_\_\_\_\_ (Printed Name of Private Employer) verifies on of the following with respect to my application for the above mentioned business document.

- A.)  On January 1<sup>st</sup> of the below signed year, the individual, firm, or corporation employed TEN (10) or more employees. The employer has registered with and utilized the federal work authorization program in accordance with the applicable provisions and deadlines in O.C.G.A. § 36-60-6(e) – **uscis.gov/everify**.  
The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are listed below.

**E-Verify:** \_\_\_\_\_ **Date of Authorization:** \_\_\_\_\_

- B.)  On January 1<sup>st</sup> of the below signed year, the individual, firm, or corporation employed LESS THAN TEN (10) employees. **No E-Verify registration is required.**

**In making the above representation under oath, I understand that any person who knowingly and willfully makes false, fictitious, or fraudulent statement of 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.**



Completed by Notary:

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Subscribed and sworn before me on this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state)

Notary public signature: \_\_\_\_\_ My commission expires: \_\_\_\_\_