

TOWN OF BRASELTON
Massage Establishment License Application

**Instructions: Please print or type and return application
in person with \$100 fee.**

Business Name: _____ Federal Tax ID: _____

Business Address: _____

Phone Number: _____ Fax Number: _____

Mailing Address: _____

Two previous addresses immediately prior to this application of the applicant and stockholders and partners, if applicable: _____

Applicant: _____ Telephone: _____

Home Address: _____

Date of Birth: _____ Social Security Number: _____

Height: _____ Weight: _____ Color of Eyes: _____ Color of Hair: _____ Sex: _____

E-mail Address: _____ Web Page: _____

Type of Ownership: _____ Single Proprietor _____ Partnership
_____ Corporation _____ Other: _____

If a partnership, names of the partners: _____

If Corporation, please give State and Date Incorporated and directors and senior officers and the address of the corporation: _____

The names and addresses of any person who has a 20% or more ownership interest in the business: _____

Business, occupation or employment of the applicant for the three years immediately preceding the date of this application:

Fully describe type of business: _____

Have you ever had a similar business license in any other city? If so, please provide the city and state and the status of that application: _____

Has the applicant ever been convicted of a crime other than a misdemeanor traffic violation? If so, include the date of conviction, nature of crimes and place convicted: _____

I certify the above information is true and correct and contains no false or fraudulent information. In addition, I understand my business must conform to all Braselton ordinances, rules and regulations. I understand that I am required, upon request, to provide the Town with records regarding overall sales, sales tax collection and amount in sales tax sent to the State of Georgia. I know that the holder of a certificate to practice massage or operate a massage establishment shall notify the code enforcement officer of each change in any data required to be furnished by the Massage Establishment Ordinance and this Application within ten (10) days after such change occurs.

Signature: _____

I hereby certify that the above named applicant signed his/her name to the foregoing application stating to me that he/she knew and understood all statements and answers made herewith, and has sworn that said statements and answers are true and correct.

This _____ day of _____, 2003.

Notary Public (seal)

Required attachments for
Massage Establishment License Application

1. A copy of detailed plans of the building in which the business will be located and outside premises showing dedicated parking places;
2. Evidence of ownership of the building or a copy of the lease; and
3. Copy of Driver's License and Social Security card;
4. Proof the applicant is at least 18 years of age;
5. The name and address of every massage therapist who is or will be employed in the establishment;
6. A copy of the diploma or certificate graduation from a recognized school;
7. The name and address of any massage business or other establishment owned or operated by any person on this application wherein the business or profession of massage is carried on;
8. A description of any other business to be operated on the same premises or adjoining premises owned or controlled by the applicant;
9. Authorization for the city, its agents and employees to seek information and conduct an investigation into the truth of the statements set forth in the application and the qualifications of the applicant for the permit;
10. Such other identification and information necessary to discover the truth of the matters required to be set forth in the application.
11. Affidavits for Citizenship or Legal Alien status (page 4).
Affidavit A is to be completed by the applicant who is either a United States citizen or legal permanent resident.
Affidavit B is to be completed by the applicant who is either a qualified alien or nonimmigrant lawfully present in the United States.
12. Affidavits for Private Employer E-Verify Compliance (page 5).

U.S. CITIZEN/QUALIFIED ALIEN AFFIDAVIT

By executing this affidavit under oath pursuant to O.C.G.A. 50-36-1(e), as an applicant for a Town of Braselton Massage Establishment License, I swear or affirm under oath the following with respect to my application for a Town of Braselton Massage Establishment License for:

Business Name

Check (X) One of the Following:

A _____ I am a United States citizen and 18 years of age or older.
A copy of a valid and verifiable ID must be presented as part of this affidavit.

OR

B _____ I am either a legal permanent resident of the United States or qualified alien or non-immigrant under the Federal Immigration and Nationality Act and 18 years of age or older and lawfully present in the United States of America.

Alien Registration number for non-citizens: _____ (Required)

Verification of your Affidavit will be made through the Systematic Alien Verification of Entitlement (SAVE) program operated by the United States Department of Homeland Security. Therefore, a front and back copy of one of the following documents must be attached to the Affidavit:

1. Valid, Unexpired Foreign Passport with I-94
2. Temporary Resident Alien Card (I-688)
3. Employment Authorization Card (I-76 or I-688A)
4. Employment Authorization Document (I-688B)
5. Refugee Travel Document (I-571)

Any person who knowingly or willfully makes a false, fictitious, or fraudulent statement or representation in this affidavit shall be guilty of a violation of Official Code of Georgia 16-10-20

Sworn to and subscribed

Signature of Applicant

Print Name

Before me this ____ day
Of _____, 20__:

(SEAL)

Notary Public
My Commission Expires:

PLEASE EXECUTE THE APPLICABLE AFFIDAVIT BELOW FOR E-VERIFY COMPLIANCE. IF YOUR BUSINESS MEETS ONE THE EXEMPTION CRITERIA(see next page), PLEASE EXECUTE THE EXEMPTION AFFIDAVIT

Private Employer Affidavit Of Compliance Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs more than ten employees and has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. §13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number

Date of Authorization

Name of Private Employer

OR

Private Employer Exemption Affidavit Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs fewer than eleven employees and therefore, is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90.

Signature of Exempt Private Employer

Printed Name of Exempt Private Employer

Any person who knowingly or willfully makes a false, fictitious, or fraudulent statement or representation in this affidavit shall be guilty of a violation of Official Code of Georgia 16-10-20

Sworn to and subscribed

Signature of Applicant

Print Name

Before me this ____ day
Of _____, 20__:

(SEAL)

Notary Public
My Commission Expires:

Private Employer Exemptions for E-Verify

If your business falls into one of the below categories, it is exempt.

- After January 1, 2012 – Employers of 500 or more on January 1
- After July 1, 2012 – Employers of 100 to 499 as of January 1
- After January 1, 2013 – Employers of 11 to 99 as of January 1
- Never – Employers of 10 or less on January 1