



TOWN OF BRASELTON
Massage Establishment License Application

License Year: _____

Annual Fees - \$200 plus \$50 for every person over one performing massage or spa services at the establishment

All licenses expire on December 31 of the calendar year. Renewal applications for the following year and the applicable license fees are due on November 15. Renewal applications received after November 15 will be subject to a 10% late fee. A business license for Massage Establishments will also be required in addition to a Massage Establishment License.

1. Business Name: _____
2. Business Address: _____
3. Phone Number: _____ 5. Fax Number: _____
4. Mailing Address: _____
5. Applicant Full Legal Name: _____
6. All Other Names Used by Applicant the Last Five Years: _____

7. Applicant Telephone: _____
8. Applicant E-Mail Address: _____
9. Applicant Home Address: _____

10. Applicant Date of Birth: _____
11. Social Security Number: _____
12. Business Web Page: _____
13. Type of Ownership: _____ Single Proprietor _____ Partnership
_____ Corporation _____ Other: _____
14. Provide proof of ownership for the facility, or if not the owner, a copy of the signed lease.
15. Number of persons at establishment that will perform massage or spa services (see definitions on page 3): _____

16. If the applicant is not a sole proprietor, then the partnership, limited liability company, corporation, or other legal entity shall submit a complete list on a separate sheet of paper the legal entity's:
- a. Officers;
 - b. Directors;
 - c. Partners, members, or shareholders (natural persons) holding a ten percent 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;
 - d. Employee or agent primarily responsible for operation of the massage or spa establishment; and

17. Has the applicant or any person listed in response to item 16 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 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.

YES (if yes, the on a separate sheet of paper provide detailed information)_____

NO _____

18. Has the applicant or any person listed in response to item 16 within the previous five (5) years been arrested for, convicted of, or pleaded guilty or entered a plea of nolo contendere to a specified criminal activity as defined in this article, and if so, each specified criminal activity involved, including the date, place, and jurisdiction of each such arrest and/or conviction.

YES (if yes, the on a separate sheet of paper provide detailed information)_____

NO _____

19. Has the applicant or a person listed in response to item 16 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 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.

YES (if yes, the on a separate sheet of paper provide detailed information)_____

NO _____

20. If the applicant is a partnership, limited liability company, corporation or other legal entity required to be chartered under the laws of the state or authorized by the secretary of state to do business in the state, such corporation must be chartered under the laws of the state or authorized by the secretary of state to do business in the state and must submit copies of the certificate of organization or incorporation, as applicable, and articles of organization or incorporation, as applicable.

21. For every person on the premises who offers, or will offer, services for which a license under O.C.G.A. §§ 43-24A-1, *et seq.* is required, provide 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; or, if, if at the time of a new license application submittal there are no persons employed that offer massage services, a statement certifying 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. §§ 43-24A-1, *et seq.*

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)

Massage means the manipulation and/or treatment of soft tissues of the body, including but not limited to the use of effleurage, petrissage, pressure, friction, tapotement, kneading, vibration, range of motion stretches, a system of structured touch, pressure, movement, and holding to the soft tissue of the body, and any other soft tissue manipulation whether manual or by use of massage apparatus, and may include the use of water, oils, lotions, creams, lubricants, salt glows or scrubs, hydrotherapy, heliotherapy, hot packs, cold packs or other topical preparations. This term shall not include diagnosis, the prescribing of drugs or medicines, spinal or other joint manipulations, or any service or procedure when performed by a person who is licensed by the state to practice chiropractic, physical therapy, podiatry or medicine. This term shall not include touching of the scalp or ears while providing a haircut or touching of the hands or feet while providing a manicure or pedicure, by a person licensed by the Georgia State Board of Cosmetology.

Spa establishment means a commercial establishment that offers or engages in personal services that call for the patron to disrobe, such as body wraps, hydro mineral wraps, body polish, body wash, baths and hydro tub soak. This term shall not include hospitals or other professional health care establishments separately licensed as such by the state.

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