OFFICE USE ONLY	
RECEIPT #	CARD#

SANDY SPRINGS
GEORGIA

POLICE DEPARTMENT
620 Morgan Falls Rd* Sandy Springs, GA 30350 * Phone 770-730-5600

MASSAGE SPA/WORK PERMIT

PLEASE PRINT CLEARLY

JOB TITLE APPLYING FOR:		

NAME:

(Last)	(First)	(Middle)

(Aliases/Stage Name)	(Race)	(Sex)	(Height)	(Weight)
(Hair Color)	(Eye Color)	(Driver's License/ID#)		(State)
(Phone #)		(Cell/Mobile#)		

ADDRESS:

(Street)		(Apt#)
(City)	(State)	(Zip)

PERSONAL INFORMATION:

(Date of Birth)	(SS#)	(Place of Birth – City/State)

EMPLOYMENT INFORMATION:

(Name of Business Where You Will Be Employed):		
(Supervisor)	(Address)	(Phone)
(Emergency Contact)		(Phone#)

I do hereby swear/affirm that the information I have provided is true and correct. I understand that falsification of any information provided to the Sandy Springs Police Department will result in the immediate declination or revocation of any permit issued. Furthermore, criminal and/or civil penalties may be pursued as a result of purposely providing any false information.

"I understand that all payment of fees associated with this permit application are non-refundable and in no way guarantee the issuance of any permit".

Signature	Printed Name	Date

SANDY SPRINGS
GEORGIA

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

or

☐ 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

☐ Occupational Tax Certificate *(i.e. Business License)* for _____
Print Business Name

☐ Massage/Spa Permit for _____
Print Business Name

☐ Boot Permit/Vehicle Immobilization Service for _____
Print Business Name

☐ Door-to-Door Salesman/Solicitors Permit for _____
Print Business Name

☐ 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 if I knowingly and willfully making a false, fictitious, or fraudulent statement of representation in this affidavit I shall be guilty of Code Section 16-10-20 of the Official Code of Georgia. A complete listing of secure and verifiable documents is available through the Office of the Attorney General (GA) website: http://law.ga.gov/immigration-reports.

***Documents must include a U.S. driver's license, U.S. passport, U.S. passport card or one of the other documents listed on the Attorney General's list of Secure and Verifiable Documents.**

***Documents must include a Permanent Resident card (from I-551), Arrival/Departure Record (form I-94), Employment Authorization Document (form I-766) or one of the other documents listed on the Attorney General's list of Secure and Verifiable Documents.**

_____ _____
Applicant Signature* Date

Subscribed and sworn to before me:

_____
(Clerk/Notary Public)

This _____ day of _____, 20 ____ My commission expires: _____

Revenue Division, 1 Galambos Way, Sandy Springs, GA 30328
620 Morgan Falls Rd, Sandy Springs, GA 30328
Telephone 770-730-5600 www.sandyspringsga.gov

SANDY SPRINGS
GEORGIA

POLICE DEPARTMENT

620 Morgan Falls Rd, Sandy Springs, GA 30350 * Phone 770.551.6900
www.sandyspringsga.gov

Consent Form for GCIC Records Check

I authorize the SANDY SPRINGS POLICE DEPARTMENT to receive any criminal history record information pertaining to me, which may be in the files of any federal, state, and/or city criminal justice agency in Georgia.

DATE_____

PRINT FULL NAME_____

MAIDEN NAME/PREVIOUS NAME/ALIAS INFO_____
ARE YOU A U.S. CITIZEN? YES_____ NO_☐_

If no, you will need to have your Green Card available.

Country of Birth: _____

DATE OF BIRTH_____RACE_____SEX_____SS#_____

STREET ADDRESS_____

CITY_____COUNTY_____STATE_____ZIP_____

SIGNATURE OF APPLICANT_____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

_____

Office use only: **COMMUNICATIONS OFFICER:**		**DATE COMPLETED:**	
RECORD ATTACHED:		**NO RECORD:**	