



City of Ringgold

150 Tennessee Street
Ringgold, GA 30736

Office (706) 935-3061
Fax (706) 965-7446

MASSAGE PARLOR LICENSE APPLICATION, YEAR 20____

DATE OF APPLICATION _____

_____ New Application

_____ Renewal – Prior license No. _____ (fill out section 1, 2, Consent Form, Release, and Oath along with any information that has changed since last application)

INSTRUCTIONS: EACH AND EVERY question must be fully answered (typewritten or printed in ink). If the question does not pertain, so indicate. If the space provided is not sufficient, answer the question on a separate sheet and indicate in the space provided that such separate sheet is attached. When completed, it must be dated, signed and verified under oath by the applicant and filed with the License Department, together with all supporting papers and a certified check or money order for the exact fee of \$150.00 per license.

I HEREBY CERTIFY AS APPLICANT THAT I HAVE RECEIVED, READ AND UNDERSTAND THE CITY OF RINGGOLD REGULATIONS CONTROLLING MASSAGE THERAPY AND HEREBY AGREE TO COMPLY WITH SAID REGULATIONS.

Signature of Applicant

Date

Witness

Date

1. Applicant: Owner of Massage Parlor

(NO initials, spell out all names); List all names used in the last five years and maiden name. If multiple owners use additional sheets to list all owners. Must be 18 years old or older.

Name(s) _____

Home address _____

City _____ State _____ Zip _____

County _____ Home Phone (____) _____ Cell # _____

Age _____ Sex _____ Date of Birth ____/____/____ SS# _____

Do you have a GED or High School Diploma? ____ Yes ____ No, Attach Copy

2. Name of Business _____

Form of Business: (Check one)

Corporation _____ Partnership _____ Sole Proprietor _____

Business Street Address:

Business Phone (____) _____

Mailing Address (If different from business street address)

Hours of operation

3. Owner's Name (if different from applicant)

(If corporation, list name, address, telephone number, SS# of each partner whether partner or limited partner. Attach separate sheet if necessary)

Owner's Name

Owner's Address

Owner's Phone (____) _____ Cell # (____) _____

Owner's City of Ringgold Occupation Tax License # for current year: _____

4. Personal Residency Agent: If owner is not a bona fide resident of Catoosa County at least one representative shall be listed below that is a bona fide resident.

(1) Name _____ Phone _____

Address _____

(2) Name _____ Phone _____

Address _____

5. List all previous arrests and disposition of the charges including driving under the influence, date and place of arrest (except minor traffic offenses, such as speeding) for the last five years. (Use additional sheets if necessary)

(1) _____

(2) _____

(3) _____

_____ A State Approved Photo I.D. must accompany this application.

6. List of all massage practitioners. Each employee must obtain his or her own separate State of Georgia Massage Practitioner License. *All persons practicing massage on the premises must be licensed massage therapists and all requirements for a license must be met.

(1) Name _____

Aliases used within last 10 years _____

SS# _____

Home Address _____

Home Phone (_____) _____ Cell # (_____) _____

____ Copy of State of Georgia Massage Practitioner License Attached

(2) Name _____

Aliases used within last 10 years _____

SS# _____

Home Address _____

Home Phone (_____) _____ Cell # (_____) _____

____ Copy of State of Georgia Massage Practitioner License Attached

(3) Name _____

Aliases used within last 10 years _____

SS# _____

Home Address _____

Home Phone (_____) _____ Cell # (_____) _____

____ Copy of State of Georgia Massage Practitioner License Attached

(4) Name _____

Aliases used within last 10 years _____

SS# _____

Home Address _____

Home Phone (_____) _____ Cell # (_____) _____

____ Copy of State of Georgia Massage Practitioner License Attached

(5) Name _____

Aliases used within last 10 years _____

SS# _____

Home Address _____

Home Phone (_____) _____ Cell # (_____) _____

____ Copy of State of Georgia Massage Practitioner License Attached

(6) Name _____

Aliases used within last 10 years _____

SS# _____

Home Address _____

Home Phone (_____) _____ Cell # (_____) _____

____ Copy of State of Georgia Massage Practitioner License Attached

CERTIFICATION

This is to certify that according to the records in the City of Ringgold Police Department and G.C.I.C.,

Full Name (No Initials): _____

Address: _____

Date of Birth: _____ **SS#** _____

_____ (Drivers License # and attach a copy of your Drivers License to this form) **has / has not** been convicted of a felony involving moral turpitude within the five (5) years and (has the following record) or (has no criminal record).

Chief of Police

Date

OATH

OATH: I do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made to the foregoing questions in this application for a license for Massage Parlor are true and complete, and no false or fraudulent statement or answer is made herein to procure granting of a license, that any license issued pursuant to this application conditioned upon a fraudulent statement or answer herein shall constitute cause for the suspension or revocation of any license issued pursuant to this application. Should any change occur during the year for which a license is issued pursuant to this application which would require a different answer to any question contained in this application, such change **MUST** be reported as a written amendment to this application within five (5) days of the change. The failure to make such amendment shall be caused for the suspension or revocation of any license issued. I have received a copy of the City of Ringgold Massage Parlor Ordinance as amended and swear that I will abide by and comply with all of the terms of the ordinance.

Signature of Applicant

Doing Business As or Organization Name

Date

Sworn to and subscribed before me
this _____ day of _____, 20_____.

Notary Public, State of Georgia

My Commission Expires: _____

**Georgia Bureau of Investigation
Georgia Crime Information Center**

Consent Form

I hereby authorize _____
to receive any Georgia criminal history record information pertaining to me which may be in the
files of any state or local criminal justice agency in Georgia.

Full Name (print)

Address

Sex

Race

Date of Birth

Social Security Number

Signature

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')

One of the following must be checked:

- ☐ This authorization is valid for 90/180/____ (circle one) days from date of signature.
- ☐ I, _____ give consent to the above
named to perform periodic criminal history background checks for the duration of my
employment with this company.