City of Johns Creek
Revenue
11360 Lakefield Drive
Johns Creek, Georgia 30097
(678) 512-3242
www.johnscreekga.gov

Massage and/or Spa Work Permit Application

APPLICATIONS MUST BE COMPLETED IN FULL AND SUBMITTED TO REVENUE IN PERSON BETWEEN THE HOURS OF 8:30 AM AND 5:00 PM, MONDAY THROUGH FRIDAY. SUBMIT THE COMPLETED APPLICATION WITH A GOVERNMENT-ISSUED PICTURE I.D., COMPLETED "AFFIDAVIT VERIFYING LAWFUL PRESENCE WITHIN THE UNITED STATES," AND PAYMENT IN THE AMOUNT OF $50.00.

► *City work permits are required for all on-premises owners, managers or supervisors who are in charge of managing the massage establishment as required by the City and who do not otherwise hold a license issued under Article III of Chapter 22 of the Code of the City of Johns Creek, and massage therapists not possessing a state-issued massage therapist license who desire to engage in the business, trade or profession of massage therapy or manage a massage and/or spa establishment. A work permit does not authorize an individual to perform any activity requiring state licensure.*

I. Applicant Name:_____ Social Security Number: _____ - _____ - _____
Last Name First Name MI

Gender: *(Check One)* ☐ Male *or* ☐ Female Maiden, Married, Alias or Other Names Used:_____

Date of Birth: _____/_____/_____ Driver's License Number: _____ State Issued: _____

Are you 18 years or older? ☐ Yes ☐ No Birthplace: *(City, State & Country)* _____

Phone:_____ Email Address: _____
(Check One) ☐ Mobile *or* ☐ Home

II. Address Information – *list current business/home/mailing address.*

Home Address:_____ Apartment/Unit:_____

City:_____ State:_____ Zip Code:_____ Period: *(mm/yy)*_____/_____ to _____/_____

Mailing Address:_____ Apartment/Unit:_____

City:_____ State:_____ Zip Code:_____ Period: *(mm/yy)*_____/_____ to _____/_____

III. Establishment Name: _____

Address: _____

_____

Phone: _____

IV. Have you been arrested for, convicted of, or plead nolo contendre to a misdemeanor or felony within the past five (5) years? *(Check One)* ☐ Yes *or* ☐ No

*If **yes**, explain in detail below providing the specific charge(s), date and place of arrest(s) and court jurisdiction(s) charged*:

_____

_____

_____

_____

_____

_____

_____

Provide Additional Information On A Separate Sheet

New Renewal Over

Staff Only: Initials: _____

Receipt #: _____

V. Have you been an owner, director, officer, partner, member, or shareholder of a massage/spa establishment that has, in the previous 5 years (and while you were so related to the establishment) been declared a public nuisance or had its massage/spa establishment license revoked? ***(Section 22-52(b)(6))*** ☐ Yes ☐ No

If yes, please respond on a separate sheet of paper if necessary.

_____

_____

_____

_____

_____

_____

_____

_____

VI. Background Consent

I, *(print your name)* _____, authorize the City of Johns Creek and/or their designee, *Security Solutions of American, Inc. (SSA)*, to make an independent investigation of my background, criminal or police records.

I release the City of Johns Creek and any person or entity that provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regard to the information obtained from any and all of the above referenced sources used. This consent form shall be valid as long as I am employed in the City of Johns Creek.

I hereby certify, under penalty of perjury, that statements made herein are to the best of my knowledge true and correct. I acknowledge that I am responsible to provide supplemental information within ten (10) working days of a change in circumstances rendering the above information false or incomplete by writing in certified mail and return receipt to the City of Johns Creek Revenue Department.

_____

Print Name of Applicant

_____ _____

Signature of Applicant **Date**

Subscribed and sworn to before me on

the _____ day of _____, 20_____.

_____

(Clerk/Notary Public) **NOTARY SEAL**

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.
- ☐ I am a legal permanent resident of the United States.
- ☐ 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)
- ☐ Alcohol Employee Pouring Permit
- ☐ Occupation Tax Certificate _____ (Print Business Name)
- ☐ Door-to-Door Salesmen/Solicitors Permit
- ☐ 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 knowingly and willfully making a false, fictitious, or fraudulent statement of representation in this affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

_____ Print Name of Applicant

_____ Position Title (if applicable)

_____ Signature of Applicant

_____ Date

Subscribed and sworn to before me on

this the _____ day of _____, 20_____.

_____
(Clerk/Notary Public)

My commission expires: _____

R113 (12/11/14)

CITY OF JOHNS CREEK
CRIMINAL HISTORY RECORD CHECK CONSENT FORM

Instructions: Make additional copies of this form as needed; print legibly and answer all questions fully. If the space provided is not sufficient, answer on a separate sheet of paper and note accordingly. Include copies of verifiable identification with photo, such as driver's license or state photo ID. This application is to be executed under oath and is subject to the penalties of false swearing. An electronic version of this authorization shall be as valid as the original.

Name of Business Establishment: _____ Job Title: _____

Business Address: _____

Reason for check: Employment with or Ownership of Regulated business: PURPOSE CODE "E"

By my signature below, I hereby authorize the City of Johns Creek to receive any criminal history record information pertaining to me, which may be in the files of any federal, state, and/or local criminal justice agency in Georgia. I hereby specifically release the City of Johns Creek from any liability which may be incurred as a result of furnishing such information for the purpose of assessing my eligibility. Furthermore, I authorize the City of Johns Creek to conduct future background checks to determine my continued eligibility for holding this license or permit and any future renewals as applicable.

Name of Applicant: _____
(First) (Middle) (Last)

Aliases/Prior Names (or N/A): _____ Social Security _____

Home Address: _____ Cell phone # _____

Email address: _____ Height: _____ Weight: _____ lbs.

Eye Color: _____ Hair Color: _____ Sex: _____ Race: _____

ID Type: _____ ID Number: _____ ID Exp: _____

DOB: _____ City, State, and County of Birth: _____

Have you ever been arrested or held by federal, state, or other law enforcement authorities for violation of any federal, state, county or municipal law regulations or ordinances? (Do not include traffic violations; all other charges must be included even if they were dismissed.) If YES, list dates, locations, charges, and dispositions of **any and all** citations and arrests. If you have no charges, citations, or arrests – write "None."

_____

_____

Applicant's Affidavit: By my signature below, I hereby swear or affirm that the statements and answers given are true, factual and correct to the best of my knowledge and ability. I understand that it is a felony to knowingly and willfully make a false, fictitious or fraudulent statement or representation to a governmental agency in the application.

Signature of Applicant: _____ Date: _____

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

(Stamp/Seal)

Executed in _____ (City), _____ (State).

Notary Public Signature: _____

RESULTS

Requested by: City of Johns Creek, GA – Revenue Division

No criminal record on file _____ Criminal record on file (see attached) _____

Record Technician: _____ Badge Number: _____ Date: _____