



*ALL NEW APPLICANTS  
MUST CONTACT*

*BUILDING PERMITS  
FOR ANY REQUIRED  
INSPECTION AND/OR  
CERTIFICATE OF OCCUPANCY*

*Building Permit Department: Mark Rice (770) 794-5651*



205 Lawrence St. Box 609
Marietta, Georgia 30061-0609
Phone: (770) 794-5520
Fax: (770) 794-5685

Tax Cert. No.
Account No.
SIC Code
Zoning
Date

REASON FOR APPLICATION (Check One)

- [ ] New Business Started
[ ] Existing Business Purchased
[ ] Name Changed - Previous Name
[ ] Location Changed - Previous Location

Location of Business
Number and Street (room, apt., or suite no.)
City
State
Zip

Name of Business

Mailing Address
Number and Street (room, apt., or suite no.)
City
State
Zip

Date business started at location (mo., day, year)
Federal Tax ID number

TYPE OF OWNERSHIP (Check One) [ ] Sole Proprietor [ ] Partnership [ ] Corporation [ ] Other (Specify)

Business telephone number
E-mail address

Legal name (Example: If incorporated, give name of corporation)

PLEASE FILL IN RESIDENTIAL INFORMATION:

[ ] Owner [ ] Partner [ ] President [ ] Other (Specify)

Name
Number and Street (room, apt., or suite no.)
City State
Zip
Phone

Social Security No.
Date of Birth
Driver's License No. & State

[ ] Owner [ ] Partner [ ] Vice President [ ] Other (Specify)

Name
Number and Street (room, apt., or suite no.)
City State
Zip
Phone

Social Security No.
Date of Birth
Driver's License No. & State

Detailed explanation of business activity to be conducted at location

Estimated Annual Gross Receipts (In the State of Georgia from this location) \$
No. of Employees (Exclude Owners)

Construction Industry Licensing Board Card Number and Expiration date (If Applicable)

Are the owners United States citizens? [ ] Yes [ ] No (If no, please provide proof of alien registration.)

TO BE COMPLETED BY APPLICANT (Must be signed by owner, partner, or authorized officer of corporation):

I, being duly sworn according to law, do swear that the facts stated by me in the above and foregoing answers are true and no false or fraudulent statement is made herein. I will obtain within sixty days of this application City of Marietta certificates of occupancy and fire inspection.

Date
Applicant's Signature

Any check submitted with this application will be deposited by the City of Marietta. However, the depositing of such check does not constitute the grant of a license and every license must follow the normal review process prior to a final determination on whether to grant or deny the license. Further, the submittal of an application does not entitle the applicant to engage in the business applied for. Only the final and complete issuance of the license constitutes authority to transact such business

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**MASSAGE PRACTITIONER REQUIRED DOCUMENTS**

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- \_\_\_\_ 1. General Application (\$195.00 CERTIFIED FUNDS ONLY, \$95 Occupation Fee, \$100 Processing Fee)
- \_\_\_\_ 2. Copy of Diploma and Transcripts
- \_\_\_\_ 3. Copy of State of Georgia Massage Practitioner's License
- \_\_\_\_ 4. O.C.G.A. § 50-36-(1)(2) Affidavit Verifying Status
- \_\_\_\_ 5. Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)
- \_\_\_\_ 6. Certificate of Good Moral Character
- \_\_\_\_ 7. Copy of Driver's License, (and if applicable, copy of Alien Documentation, Permanent Resident Card Applicant, Owner(s), employees)
- \_\_\_\_ 8. Copy of Social Security Card (Applicant, owner(s), employees)
- \_\_\_\_ 9. Copy of Lease or Sublease showing landlord agrees to practice of massage at location
- \_\_\_\_ 10. Signed copy of the City Ordinance Article (8-12-6) and Filed with Massage Practitioner's file
- \_\_\_\_ 11. Completed, signed and dated employee Statement
- \_\_\_\_ 12. Completed application submitted to Police Department for background check
- \_\_\_\_ 13. Hours of Operation: 8:30 a.m. to 6:00 p.m. EST
- \_\_\_\_ 14. Copy of Human Trafficking Notification – To Post at Business location

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**MESSAGE PRACTITIONER STATEMENT**

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RE: (Corporate or LLC Name) \_\_\_\_\_ d/b/a (Name of Business)  
\_\_\_\_\_ at (Business Location address/STE#),  
Marietta, GA (Zip Code) \_\_\_\_\_

I, (owner, applicant) \_\_\_\_\_ understand that each person who practices massage at the above referenced location must be licensed by the State of Georgia for the practice of massage and obtain a City of Marietta Business License.

\_\_\_\_\_  
Owner/Applicant's Name

\_\_\_\_\_  
Date

**CERTIFICATE OF GOOD MORAL CHARACTER REFERENCES**

**CERTIFICATE OF GOOD MORAL CHARACTER**

(To be signed by a registered voter)

I hereby certify I have been associated with \_\_\_\_\_

(Name of Applicant)

Who resides in \_\_\_\_\_ since \_\_\_\_\_. To the best of my knowledge  
City, State Date

he or she is of good moral character and free from mental defects and drug habits liable to interfere with the proper practice of massage.

REMARKS: \_\_\_\_\_

\_\_\_\_\_  
Print Name (Reference)

\_\_\_\_\_  
Signature (Reference)

\_\_\_\_\_  
Address, City, Zip Code

\_\_\_\_\_  
Date

**CERTIFICATE OF GOOD MORAL CHARACTER**

(To be signed by a registered voter)

I hereby certify I have been associated with \_\_\_\_\_

(Name of Applicant)

Who resides in \_\_\_\_\_ since \_\_\_\_\_. To the best of my knowledge  
City, State Date

he or she is of good moral character and free from mental defects and drug habits liable to interfere with the proper practice of massage.

REMARKS: \_\_\_\_\_

\_\_\_\_\_  
Print Name (Reference)

\_\_\_\_\_  
Signature (Reference)

\_\_\_\_\_  
Address, City, Zip Code

\_\_\_\_\_  
Date

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**CERTIFICATE OF GOOD MORAL CHARACTER REFERENCES**

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**CERTIFICATE OF GOOD MORAL CHARACTER**

(To be signed by a registered voter)

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Who resides in \_\_\_\_\_ since \_\_\_\_\_. To the best of my knowledge

City, State

Date

he or she is of good moral character and free from mental defects and drug habits liable to interfere with the proper practice of massage.

REMARKS: \_\_\_\_\_

\_\_\_\_\_

Print Name (Reference)

\_\_\_\_\_

Address, City, Zip Code

\_\_\_\_\_

Signature (Reference)

\_\_\_\_\_

Date

MARIETTA POLICE DEPARTMENT  
240 LEMON ST. MARIETTA, GA. 30060  
PHONE 770-794-5334 FAX 770-794-5301  
CHIEF OF POLICE - DAN FLYNN

Georgia Crime Information Center  
Criminal History Consent Form

I hereby authorize MARIETTA POLICE DEPARTMENT to receive and review 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. I understand that this information will be used as part of a background investigation completed by the Marietta Police Department.

Full Name: (PRINT)

\_\_\_\_\_  
LAST FIRST MIDDLE (MAIDEN)

\_\_\_\_\_  
ADDRESS CITY STATE ZIPCODE

\_\_\_\_\_  
SEX RACE DATE OF BIRTH PLACE OF BIRTH SOCIAL SECURITY NUMBER

List any convictions and/or plea of nolo contendere that has been entered on your record for any felony or misdemeanor charge in any Superior, State, and/or Municipal Court of any state of the United States

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE DATE

- Special provisions (check if applicable):
- Permit Application (Purpose code 'E')
  - Business License Application(Purpose code E)
  - Other (Purpose code 'E')

One of the following must be checked:

This authorization is valid for 90 / 180 days (circle one) from date of signature.

\_\_\_\_\_  
DO NOT WRITE BELOW ... POLICE USE ONLY

GEORGIA RECORD FOUND (SEE  
ATTACHED) NO GEORGIA RECORD FOUND

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Please read carefully before completing**

- Affidavit must be notarized prior to being submitted to the Business License Division. **The City cannot notarize this affidavit. \*\*\***
- Include a copy of applicant's secure and verifiable identification document. A list of secure and verifiable documents is provided by the Attorney General on the Georgia Department of Law website.

**O.C.G.A. § 50-36-1(e)(2) Affidavit**

By executing this affidavit under oath, as an applicant for a(n) Business License/Occupation Tax Certificate, as referenced in O.C.G.A. § 50-36-1, from the City of Marietta, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1)  I am a United States citizen. **(Provide state issued identification document)**
- 2)  I am a legal permanent resident of the United States. **(Provide copy of alien registration document)**
- 3)  I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. **(Provide copy of alien registration document)**

My alien number issued by the Department of Homeland Security or other federal immigration agency is: \_\_\_\_\_.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

\_\_\_\_\_  
In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties allowed by such statute.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state)

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_ DAY OF \_\_\_\_\_, 201\_\_\_.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
Printed Name of Applicant

My Commission Expires:

*\*\*\*This affidavit does not apply to an applicant applying for or renewing an application for a public benefit within the same agency or political subdivision if the applicant has previously complied with the requirements of Georgia Code Section 50-36-2 by submission of a secure and verifiable document, as defined in Code Section 50-36-2, and a signed and sworn affidavit affirming that such applicant is a United States citizen.*



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

By executing this affidavit under oath, as an applicant for a(n) business license/occupation tax certificate as referenced in O.C.G.A. § 36-60-6(d), from the City of Marietta, Georgia, the undersigned applicant representing the private employer known as \_\_\_\_\_ [*printed name of private employer i.e. business name*] verifies one of the following with respect to my application for the above mentioned document:

**1. Check box (a) or (b) below**

(a) On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed more than ten (10) employees.

(b) On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed ten (10) or fewer employees.

***\*\*\*If the employer checked box (a) must fill out Section 2 below.***

2. 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 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. § 36-60-6. 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

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In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties allowed by such statute.

Executed on the \_\_\_ date of \_\_\_\_\_, 201\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state)

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE \_\_\_ DAY OF \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:  
\_\_\_\_\_

**Are you or someone you know being sold for sex or  
made/forced to work for little or no pay and cannot leave?**

Call the National Human Trafficking Resource Center at 1-888-373-7888 or the Statewide Georgia Hotline for Domestic Minor Trafficking at 1-844-842-3678 for help.

All victims of slavery and human trafficking have rights and are protected by international, federal, and state law.

The hotline is:

- (1) Anonymous and confidential;
- (2) Available 24 hours a day, seven days a week;
- (3) Able to provide help, referral to services, training, and general information;
- (4) Accessible in 170 languages;
- (5) Operated by a nonprofit, nongovernmental organization; and
- (6) Toll free.

**¿Usted o alguien que usted conoce son víctimas de tráfico de personas  
a cambio de sexo o son obligados a trabajar a cambio de  
un salario irrisorio o sin salario y no pueden escapar?**

Llame al Centro Nacional de Recursos para el Tráfico de Personas (*National Human Trafficking Resource Center*) al 1-888-373-7888, o a la línea de asistencia telefónica para casos de Tráfico de Menores en el País de Georgia (*Georgia Hotline for Domestic Minor Trafficking*) en todo el estado al 1-844-842-3678 para solicitar ayuda.

Todas las víctimas de tráfico de personas y esclavitud tienen derechos y están protegidas por leyes internacionales, federales y estatales.

La línea de asistencia telefónica:

- (1) Es anónima y confidencial;
- (2) Está disponible las 24 horas del día, los 7 días de la semana;
- (3) Puede ofrecer asistencia, recomendación de servicios, capacitación e información general;
- (4) Es accesible en 170 idiomas;
- (5) Es operada por una organización no gubernamental, sin fines de lucro; y
- (6) Es un número de llamada gratuita.

## ARTICLE 8-12-6 - MASSAGE PARLORS

## 8-12-6-010 - License, application—Information to be given.

Any person desiring to engage in the business, trade or profession of a masseur shall, before engaging in that business trade or profession, file an application for a license addressed to city council. The application shall be in writing and shall set forth the following:

1. Applicant and employees must be fingerprinted by the police department and a character reference run on all persons or person to operate as a masseur, and all employees. Fingerprints must be made at least 15 days prior to issuance of license to allow for investigation of applicant and employees;
2. Name and address of applicant;
3. Name and address of any person having previously employed the applicant for a space of two years or longer;
4. If the applicant be a corporation, the address or addresses of the corporation as well as the names and addresses of the agents and employees of the corporation for a period of two years immediately prior to the filing of the application;
5. Qualifications must be plainly stated together with required exhibits annexed to the application;
6. A certificate certifying as to the good moral character of the applicant, signed by three currently qualified and registered voters of good moral character of the city. These letters shall not be required for annual renewals of licenses issued hereunder;
7. Should the applicant be a corporation, it shall also submit with the application a certificate, executed as described in Subsection (6) of this section, certifying as to the good moral character of the employees and agents of the corporation who are actually engaged in the business for the corporation.

(Code 1978, § 8-3031; Ord. No. 5390, § 3, 12/20/94; Ord. No. 5575, 6/12/96)

## 8-12-6-020 - Qualifications.

Each applicant and all employees hereunder, prior to making application for a license must have the following qualifications:

1. The applicant and all employees may be male or female and must be of good moral character, and in case the applicant is a corporation, it must be created in or domesticated by the laws of the State of Georgia.
2. The applicant and each employee must furnish a current health certificate from a medical doctor which shall accompany the application as an exhibit. Should the applicant be a corporation it shall furnish two certificates for all its agents or employees actually engaged and working under the license.
3. The applicant and employees must furnish a photostatic copy of a diploma of graduation from an accredited college or university with a masters degree in anatomy or an equivalent as an exhibit to the application. The diploma must be representative of the fact that the applicant attended a course of study; wherein the course of study consisted of a curriculum of physical culture, massage, hydrotherapy, electrotherapy, hygiene, health service management and other related subjects. If the applicant is a corporation, then the employee or agent of the corporation, who is to be the manager of the establishment, must furnish a photostatic copy of the diploma of graduation as set forth above.
4. The applicant, or the manager in the event the applicant is a corporation, must furnish with the application their affidavit of previous employment, together with an affidavit of the persons under whom the apprenticeship or practical experience was obtained, specifying that the applicant has satisfied the above requirements.

(Code 1978, § 8-3032; Ord. No. 5390, § 3, 12/20/94; Ord. No. 5575, 6/12/96)

#### 8-12-6-030 - Issuance—Fee.

If the application is submitted in proper form and is approved by the city manager, then the business license department is authorized to issue a business license to the applicant upon the payment of any business taxes due and in accordance with Section 8-4-080(E).

(Code 1978, § 8-3033; Ord. No. 5390, § 3, 12/20/94; Ord. No. 5575, 6/12/96; Ord. No. 5762, 10/8/97, § 12)

#### 8-12-6-040 - Authority to train personnel.

Any applicant granted a license hereunder shall have the authority to train masseurs and masseuses under their supervision in their studio or establishment; provided that the licensee shall furnish to the city a health certificate for the employee from a medical doctor.

(Code 1978, § 8-3034; Ord. No. 5390, § 3, 12/20/94; Ord. No. 5575, 6/12/96)

8-12-6-050 - Information concerning employees to be filed with the administrator.

It shall be the duty of all persons holding a license under this article to file with the administrator the names of all employees, their home addresses, home telephone numbers and places of employment. Changes in the list of employees with the names of new employees must be filed with the administrator within three days from the date of any such change.

(Code 1978, § 8-3035; Ord. No. 5390, § 3, 12/20/94; Ord. No. 5575, 6/12/96)

8-12-6-060 - Record of treatments to be kept.

It shall be the duty of any person granted a license under this article to maintain correct and accurate records of the names and addresses of the persons receiving treatment at an establishment; the type of treatment administered, and the name of the person of the establishment administering the treatment. The records shall be subject to inspection at any time by any license inspector or city police officer.

(Code 1978, § 8-3036; Ord. No. 5390, § 3, 12/20/94; Ord. No. 5575, 6/12/96)

8-12-6-070 - Grounds for suspension or revocation—Notice—Hearings—Refund.

- A. No license which has been issued or which may hereafter be issued, by the city to any licensee hereunder, shall be suspended or revoked, except for due cause as hereinafter defined, and after a hearing before the municipal court and upon a prior five-day written notice to the holder of the license of the time, place and purpose of the hearing and statement of the charge upon which the hearing shall be held.
- B. "Due cause" for the suspension or revocation of the license shall consist of the violation of any laws or ordinances regulating the businesses, or violation of regulations made pursuant to authority granted for the purpose of regulating the businesses.

- C. The city manager is delegated the authority to suspend any license hereunder for due cause in any emergency situation; and said suspension may be made effective immediately and remain in force until the next session of the municipal court.
- D. When a license is so revoked, the city shall not be required to refund any portion of the business tax.

(Code 1978, § 8-3037; Ord. No. 5390, § 3, 12/20/94; Ord. No. 5575, 6/12/96)

#### 8-12-6-080 - Treatment of persons of opposite sex.

- A. Restricted. It is unlawful for any person holding a license as a masseur or masseuse to treat a person of the opposite sex, except upon the signed order of a licensed physician, osteopath or registered physical therapist, which order shall be dated and shall specifically state the number of treatments, not to exceed ten. The date and hour of each treatment given and the name of the operator shall be entered on the order by the establishment where the treatments are given and shall be subject to inspection by the business license department. The requirements of this section shall not apply to treatments given in the residence of the patient, the office of a licensed physician, osteopath or registered physical therapist, or in a regularly established and licensed hospital or sanitarium.
- B. Scope of Section. A person who applies manual or mechanical massage or similar treatment of the human trunk or limbs shall be deemed, within the terms of this subsection, as "masseur" or "masseuse."

(Code 1978, § 8-3038; Ord. No. 5390, § 3, 12/20/94; Ord. No. 5575, 6/12/96)

#### 8-12-6-090 - Patronage of massage parlors by minors.

- A. Restricted. It is unlawful for any person under the age of 18 to patronize any massage parlor unless that person carries with him or her, at the time of the patronage, a written order directing the treatment to be given signed by a licensed physician.
- B. Duty of Operator. It shall be the duty of the operator of a massage parlor to determine the age of the persons patronizing the massage parlor; and a violation of this section shall be grounds for revocation of the license of the massage parlor.

(Code 1978, § 8-3039; Ord. No. 5390, § 3, 12/20/94; Ord. No. 5575, 6/12/96)

8-12-6-100 - Massages by unlicensed persons to be given only under supervision of license holder.

Massages may be given by persons not holding a license as masseur or masseuse; provided the massages are given under the direct supervision of a person having a license as a masseur or masseuse; and further provided that a person holding a license as a masseur or masseuse shall be in the same room where the massage is being administered during the entire time of the giving of the massage.

(Code 1978, § 8-3040; Ord. No. 5390, § 3, 12/20/94; Ord. No. 5575, 6/12/96)

8-12-6-110 - Hours of operation.

No masseur or masseuse shall engage in the business or profession except within and between the hours of 8:30 a.m. and 6:00 p.m. eastern standard time; nor shall any operator of a massage parlor, establishment or business operate the same except within and between the aforesaid hours.

(Code 1978, § 8-3041; Ord. No. 5390, § 3, 12/20/94; Ord. No. 5575, 6/12/96)

8-12-6-120 - Signed copy of ordinance to be filed with license application.

A signed copy of this article shall be filed with any license application.

(Code 1978, § 8-3042; Ord. No. 5390, § 3, 12/20/94; Ord. No. 5575, 6/12/96)

8-12-6-130 - Restrictions.

No masseur or masseuse shall manipulate, fondle or handle the sexual organs of any person.

(Code 1978, § 8-3043; Ord. No. 5390, § 3, 12/20/94; Ord. No. 5575, 6/12/96)