

TOWN OF BRASELTON
Massage Establishment License Application

**Instructions: Please print or type and return application
in person with \$100 fee.**

Business Name: _____ Federal Tax ID: _____

Business Address: _____

Phone Number: _____ Fax Number: _____

Mailing Address: _____

Two previous addresses immediately prior to this application of the applicant and stockholders and partners, if applicable: _____

Applicant: _____ Telephone: _____

Home Address: _____

Date of Birth: _____ Social Security Number: _____

Height: _____ Weight: _____ Color of Eyes: _____ Color of Hair: _____ Sex: _____

E-mail Address: _____ Web Page: _____

Type of Ownership: _____ Single Proprietor _____ Partnership
_____ Corporation _____ Other: _____

If a partnership, names of the partners: _____

If Corporation, please give State and Date Incorporated and directors and senior officers and the address of the corporation: _____

The names and addresses of any person who has a 20% or more ownership interest in the business: _____

Business, occupation or employment of the applicant for the three years immediately preceding the date of this application: _____

Fully describe type of business: _____

Have you ever had a similar business license in any other city? If so, please provide the city and state and the status of that application: _____

Has the applicant ever been convicted of a crime other than a misdemeanor traffic violation? If so, include the date of conviction, nature of crimes and place convicted: _____

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)

Required attachments for
Massage Establishment License Application

1. A copy of detailed plans of the building in which the business will be located and outside premises showing dedicated parking places;
2. Evidence of ownership of the building or a copy of the lease; and
3. Copy of Driver's License and Social Security card;
4. Proof the applicant is at least 18 years of age;
5. The name and address of every massage therapist who is or will be employed in the establishment;
6. A copy of the diploma or certificate graduation from a recognized school;
7. The name and address of any massage business or other establishment owned or operated by any person on this application wherein the business or profession of massage is carried on;
8. A description of any other business to be operated on the same premises or adjoining premises owned or controlled by the applicant;
9. Authorization for the city, its agents and employees to seek information and conduct an investigation into the truth of the statements set forth in the application and the qualifications of the applicant for the permit;
10. Such other identification and information necessary to discover the truth of the matters required to be set forth in the application.