



**City of Hiram
Application for Massage/Spa Establishment License**

License and Fee Costs

Application Fees:

_____ \$50.00 annually (separate check or money order)

Regulatory Fees:

_____ \$150 annually

Applications must be submitted not less than 30 days prior to such application being considered by the City Manager. Application fees are not subject to refund. If the application is not approved, the regulatory fee shall not be required.

Application will not be accepted if any questions are left blank. If the question does not apply, please write N/A or NONE.

Check-off List

Application

Complete **pages 2 through 9** (no blanks; enter N/A if necessary)

Certification/Affidavit of Application, signed by the applicant – **page 10**

SAVE affidavit, completed and signed by the applicant(s) – **page 11**

- Including a Secure and Verifiable document, as defined by OCGA § 50-36-2
- If not a US Citizen, must provide proof that you are lawfully admitted in the United States

E-Verify affidavit, signed by the applicant – **page 12**

Consent for background check, completed and signed by each person listed in response to questions 7 through 13 – **page 13**

Owner/Leaseholder certification, signed by the applicant – **page 14**

Tax Commissioner's Certification, must name all parties with interest in the license – **page 15**

Fingerprint Affidavit, completed and signed by each person listed in response to questions 7 through 13 – **page 16**

Registered Agent Affidavit, signed by the designated registered agent – **page 17**

Attachments

Copy of lease agreement and/or proof of ownership of the property

If applicant is a corporation or LLC, a copy of the Certificate of Organization/Registration issued by the Georgia Secretary of State

If a partnership, provide a copy of the partnership agreement

Certificate of Occupancy issued by Paulding County

Written proof of age of anyone listed in questions 7 through 12

2x2 color photo and copy of State License for anyone listed on question 23

INFORMATION ON APPLICANT / OWNER

(Please print clearly)

1) Type of Ownership: () Sole Proprietor () Partnership () Corporation
() LLP () LLC

2) Name doing business as: _____

3) Corporation, partnership, LLC, LLP, or company name: _____

4) Business Address: _____

City: _____ State: _____ Zip: _____

5) Business Phone Number: _____ Fax: _____

6) Mailing Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

7) Description of the business to be conducted: _____

8) Applicant Name: _____

Any other names used in the last 5 years _____

Position: _____ SS #: ____ - ____ - ____ Date of birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Business Phone: _____ Alt. Phone: _____

State of Georgia Resident: _____ / _____
(Years) (Months)

9) If Sole Proprietor

Individual Owner's Name: _____

Phone Number: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

10) If Partnership or Limited Liability Partnership

Name of Partner/Member: _____

Percentage of Ownership: _____ Phone Number: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Name of Partner/Member: _____

Percentage of Ownership: _____ Phone Number: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

*If more than two partners, attach additional pages

11) If Corporation or LLC

Name of President/Member: _____

Percentage of Ownership: _____ Phone Number: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Name of VP/Member: _____

Percentage of Ownership: _____ Phone Number: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Name of Secretary/Member: _____

Percentage of Ownership: _____ Phone Number: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Name of Treasurer/Member: _____

Percentage of Ownership: _____ Phone Number: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

*If additional members, attach additional pages

- 12) List all partners, members and shareholders holding more than 10 percent interest; if none, list the ten stockholders with the greatest ownership interest:

Name: _____ Name: _____

Address: _____ Address: _____

Shares/Interest: _____ Shares/Interest: _____

*attach additional sheet(s) if necessary

- 13) Person primarily responsible for operation of the massage/spa establishment.

Name: _____ Title: _____

14) Name of any other entity (ies)/person(s) having a financial interest in the establishment for which a license is being sought: (includes guarantor of a lease obligation)

Name: _____ Name: _____

Address : _____ Address: _____

Financial Interest: _____ Financial Interest: _____

*attach additional sheet(s) if necessary

15) Individual to serve as the designated Registered Agent, a resident of Paulding County and at least 18 years or older.

Name: _____

Position: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Business Phone: _____ Alt. Phone: _____

* Registered Agent must submit affidavit – Attached on page 17

16) Does the Registered Agent or any person with interest in the license have interest in any other Massage business? _____Yes _____No
If yes, please name the individual(s), type(s) of ownership, and jurisdiction(s).

*Attach additional sheet(s) if necessary

17) Number of full-time or full-time equivalent sub-contractors and W-2 employees:

18) Has any applicant previously made application for a Massage/Spa Establishment License?

_____Yes _____No

If yes, please name the individual(s), the jurisdiction(s) and the status of the license.

*Attach additional sheet(s) if necessary

19) Have you or any one listed in response to questions 7 through 13 had their State-issued massage therapy license suspended, revoked or placed on probation?

_____ Yes _____ No

If yes, please indicate name of individual(s), State, License number, summary of why and the action taken.

*attach additional sheet(s) if necessary

20) Have you or anyone listed in response to questions 7 through 13 been charged with, arrested for, convicted of, or pleaded guilty or nolo contendere to, a specified criminal activity as defined in Chapter 12 of Article XII of the City of Hiram Code of Ordinances?

_____ Yes _____ No

If yes, please indicate name of individual(s), offense(s), date of offense(s), disposition(s), date of disposition(s), and jurisdiction(s).

*attach additional sheet(s) if necessary

21) Have you or anyone listed in response to questions 7 through 13 been an owner, director, officer, partner, member, employee, or shareholder of a massage/spa establishment that has, at a time during which the person was so related to the establishment, been declared to be a nuisance or had it license to operate a massage/spa establishment revoked?

_____ Yes _____ No

If yes, please indicate name(s), date(s), offense(s), location(s), and punishment(s).

*attach additional sheet(s) if necessary

22) Have you or anyone listed in response to questions 7 through 13, in the preceding 12 months, resided with someone who has been an owner, director, officer, partner, member, employee, or shareholder of a massage/spa establishment that has, at a time during which the person was so related to the establishment, been declared to be a nuisance or had its license to operate a massage/spa establishment revoked?

_____ Yes _____ No

If yes, please indicate name(s), date(s), offense(s), location(s), and punishment(s).

*attach additional sheet(s) if necessary

23) Days & Hours of operation: _____

24) 10 Year work history of anyone listed in response to questions 7 through 13

*attach additional sheet (s) if necessary

Name of Business	Dates Employed	Address	Position you held	Reason for living

25) 10 Year residential history of anyone listed in response to questions 7 through 13.

*attach additional sheet (s) if necessary

Name:	Address:	Year(s) Month(s)

26) List everyone on the premises who offers, or will offer, services for which a license under O.C.G.A. § 43-24A-1 is required:

*attach additional sheet (s) if necessary

Name (first and last)	Address	State License Number

Acknowledgement of General Operating Provisions

The affiant acknowledges that (he/she) is familiar with the Massage/Spa Establishment Ordinance, and further acknowledges the following: (please initial next to each item after reading it)

Records must be kept of all persons who perform any service on the premises, including the provider's name, home address, telephone number, and duty performed _____

Records must be kept of each instance a service is provided, including the date, type of service, name of provider, and the patron's name _____

The above-referenced records must be maintained for a minimum of 2 years, subject to inspection by the City Manager, the Police Chief or their designee _____

The establishment may not allow anyone required to have a State Massage Therapist License or Hiram Massage/Spa Establishment Work Permit to perform any service on the premises until such person has obtained such license or work permit _____

A licensed massage therapist must be on the premises at all hours the establishment is occupied by patrons or open to the public, otherwise the establishment must cease operations and close until a license massage therapist is on the premises _____

All employees and other persons on the premises, with the exception of customers receiving a massage from a State Licensed Massage Therapist, shall be completely clothed _____

No employee may disrobe or in any way expose his or her genitals, pubic area, anus, or the areola or nipple of the female breast on the premises _____

No customer may expose his or her genitals, pubic area, anus, or the areola or nipple of the female breast to another person on the premises _____

The establishment may not advertise to be open for business, be open for business or remain open for business between the hours of 10:00pm and 7:00am; no person shall be or remain inside the establishment between the hours of 11:00pm and 6:00am. _____

A sign complying with the Sign Ordinance, identifying the establishment, must be placed at the main entrance _____

Minimum lighting shall be provided in accordance with the building code and at least one artificial light of not less than 40 watts shall be provided in each enclosed room or booth _____

No beds or mattresses are permitted in the establishment _____

No minor shall knowingly be allowed inside the establishment without his or her parent or guardian _____

Storefront windows shall not have material or glazing applied or affixed that reduces light transmission through the windows to less than 32% or increase light reflectance to more than 20% _____

Storefront windows shall not be blocked by curtains, blinds or any other screening material during those times when the establishment is occupied by patrons or is open to the public _____

Except in the event of an emergency, all patrons shall enter and exit the establishment via the establishment's front door _____

Customers shall not be assisted in showering; physical contact while showering is prohibited _____

When massage therapy is being performed, main entrance doors to the business and any door to rooms where massage therapy is being performed shall not be locked _____

Certification/Affidavit of Application

STATE OF GEORGIA
COUNTY OF PAULDING

The undersigned makes this application for a license as indicated herein to the City Manager under the provisions of City of Hiram Code of Ordinances, Chapter 12, Article XII, the Massage Ordinance.

Under penalty of perjury, the undersigned applicant, on oath, states that the information contained herein, including the attachments, are true and correct.

Additionally, the undersigned confirms (he/she) is a person of good moral character and is at least twenty-one (21) years of age. Affiant acknowledges that all sub-contractors and/or employees who are not State licensed massage therapists must apply for and obtain a Hiram massage/spa establishment work permit from the City of Hiram Police Department prior to working on the premises [(770)-943-3087, ext. 2011]. The undersigned understands that (he/she) must provide the City of Hiram with names of State licensed massage therapists as they are hired, employees or subcontractors, along with a 2x2 color photo of the individual(s) and a copy of their State License.

The affiant acknowledges that (he/she) is familiar with the Massage Spa Ordinance and understands that a (he/she) is responsible for violations of said Ordinance at the licensed premises. The affiant further acknowledges that massage licenses are not transferable and that any changes must be reported in writing immediately to the City Clerk. The affiant recognizes that a massage license is a mere privilege, subject to all terms and conditions imposed by the Massage Ordinance and any other ordinance, resolution or law of the city, county, state or United States relating to such business and is subject to suspension, revocation and/or probation, as outlined in the Massage Ordinance.

The applicant understands that any violation of the Massage Ordinance may be punished by a fine up to \$1,000.00 or sixty (60) days in jail or both.

This _____ day of _____, 20_____.

Applicant/Responsible Person

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

Notary Public

CITY OF HIRAM

S.A.V.E. Affidavit Verifying Status

By executing this affidavit under oath, as an applicant for a City of Hiram Pawnshop License, I am stating the following with respect to my application to The City of Hiram for the License:

_____ [Fill in Name of Licensee]

_____ [Fill in Name of corporation, business or partnership, if any applies]

[Check the blank that applies below]

1) _____ I am a United States citizen 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 which can be best described as:

OR

2) _____ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or nonimmigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.* All persons that check this box must be verified through DHS's SAVE program. (Must include a copy of your current, State Driver's License and either a copy of your Permanent Resident Card or Employment Authorization Card or other document issued by the Department of Homeland Security as proof of lawful presence in the United States)

In making the above statement 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. Section 16-10-20.

Signature of Applicant Date

Printed Name

NOTARIZATION REQUIRED:

SUBSCRIBED AND SWORN BEFORE ME ON
THIS THE ___ DAY OF _____, 20__.

Notary Public

*Alien Registration number for non-citizens

My Commission Expires:

***Note:** O.C.G.A. § 50-36-1(3)(2) requires that aliens under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

Alternate Identifying number for qualified aliens who do not have an A.R. number

Private Employer / E-Verify Affidavit

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Section 1. Please check only one:

(A) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed **more than ten (10) employees** ₁.

***** If you select Section 1(A), please fill out Section 2 and then execute below. *****

(B) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed **ten (10) or fewer employees**.

***** If you select Section 1(B), please skip Section 2 and execute below. *****

Section 2.

The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

E-Verify Number
(Federal Work Authorization User Identification Number)

- - 201_____
Date of Authorization

THIS FORM MUST BE NOTARIZED

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____ of _____, 201____ in _____, _____.
Day Month Year City State

Name of Employer
X _____
Signature of Authorized Officer or Agent
X _____
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE __DAY OF _____, 201__.

NOTARY PUBLIC
My Commission Expires: _____

To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.

Consent to Search of Records
To be completed by Applicant, Responsible Person, Officers, Owner(s)
***** Must attach copy of driver's license *****

1. Name: _____
Last First Middle

2. Address: _____
Street No. & Name City State Zip

3. Social Security Number: _____ - _____ - _____

4. Date of Birth: _____ / _____ / _____
Month Day Year

5. Driver's License State & Number: _____

6. Sex _____ Male _____ Female

7. Race: _____

The undersigned does hereby consent to and authorize the City of Hiram Police Department or any other Federal, State or Local agency to conduct a background investigation on the undersigned, including but not limited to criminal background investigation, fingerprint analysis and investigation, and criminal history record of criminal history which may be found in the files of any Federal, State or Local Criminal Justice Agency.

This _____ day of _____, 20_____.

Signature

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

Notary Public

Evidence of Ownership / Leasehold Interest

RE: Application of _____

The undersigned licensee does hereby certify that he/she is the owner or lessee of the premises shown in the application or the owner shown in the application is the owner or lessee of the premises and the document attached hereto consisting of _____ page(s) is the evidence of the ownership/leasehold interest of the applicant or owner.

This _____ day of _____, 20 ____.

Licensee Signature

Printed Name of Licensee

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

Notary Public

Tax Commissioner's Certification

RE: Application of (Business name) _____

"I, _____, as Tax Commissioner of Paulding

County (or his lawful deputy) certify that there are no delinquent taxes owing to

Paulding County for either real or personal property pertaining to the business known

as _____ located at _____

or by the applicant _____ or, if applicable, the owner

or other parties in interest who are: _____

_____."

Tax Commissioner of Paulding County
(or his lawful deputy)

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

Notary Public



Massage Establishment Fingerprint Affidavit

By executing this affidavit under oath, as an applicant for the City of Hiram
Massage Establishment and Business License for

_____ (name of business)

I, _____ (name of applicant) have submitted
or will submit within 30 days from the date the City of Hiram notifies me, my
fingerprints to the Georgia Bureau of Investigation through GAPS.

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 Code Section 16-10-
20 of the Official Code of Georgia Annotated.

Signature of Applicant

Date

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

_____ DAY OF _____, 20____

Notary Public

My Commission Expires:
