



# SPA, MASSAGE, & BODYWORK APPLICATION

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Business Name \_\_\_\_\_

Manager \_\_\_\_\_ Phone # \_\_\_\_\_

Physical Address of Business \_\_\_\_\_

Mailing Address \_\_\_\_\_

Nature of Business \_\_\_\_\_

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Applicant/Owner Name \_\_\_\_\_

SS# \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_

Nationality \_\_\_\_\_ Citizenship \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ DL # \_\_\_\_\_

Any aliases or previous names used \_\_\_\_\_

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Business, occupation, or employment history for the last five years:

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Business License history where applicant, in previous operations has had such license or permit for a spa/massage and bodywork therapy business or similar type business **REVOKED** or **SUSPENDED**, the reason therefore, and the business activity or occupation subsequent to such action or suspension or revocation:

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IF PARTNERSHIP-Name and address of partners:

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IF CORPORATE-Name and Home Office address:

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Officers: \_\_\_\_\_ DOB \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_

List arrests, convictions, and Municipal or County Ordinance violations for owner, officers, partners and manager of business:

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Name, address, social security number, and date of birth of any and all persons who have a **Financial Interest** in the entity applying for the license, and attach consent for the county to obtain his or her criminal history record information: (use a separate sheet, if necessary).

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Name, address, social security number, and date of birth of any and all persons who will be employees of the business applying for the license, and attach consent for the county to obtain his or her criminal history record information:

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Attach a copy of the license issued by the Georgia Board of Massage Therapy for each person working in the business of performing massage or reflexology. *(This does not apply to clerical or administrative personnel). If a new employee is hired to perform massage or reflexology, a copy of the license shall be furnished the county within 15 days of the date of hire along with information and consent to criminal history search.*

The Applicant acknowledges and agrees that the business shall be operated in accordance with the Ordinances and Resolutions of the County; in accordance with the Georgia Massage Therapy Practice Act; and in accordance with the rules and regulations of the Georgia Board of Massage Therapy.

The applicant is aware of the Zoning Classification of the business listed and have read and understand the Banks County Zoning Resolution for this business.

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

\_\_\_\_\_  
Date

Subscribed and Sworn To Before Me This \_\_\_\_\_ Day of \_\_\_\_\_, \_\_\_\_\_

Notary Public \_\_\_\_\_ My commission Expires \_\_\_\_\_

(Seal of Notary)

Do not write below this line

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**BANKS COUNTY USE ONLY:**

Zoning Classification: \_\_\_\_\_

S.A.V.E. Affidavit? \_\_\_\_\_ eVerify? \_\_\_\_\_

Fee Paid \$ \_\_\_\_\_ **Cash** or **Check** Check # \_\_\_\_\_

\_\_\_\_\_  
Signature of Planning Official

\_\_\_\_\_  
Date