



# CITY OF WOODSTOCK

## Sole Proprietor Massage Therapy Establishment Application

City Use: Received \_\_\_\_\_ Certificate No. \_\_\_\_\_

### Sole Proprietor MT Establishment Checklist

- Letter from the on premise physician or chiropractor stating this Sole Proprietorship is practicing in their establishment and under their supervision, **if applicable.**
- Lease or sub-lease of a single room not otherwise licensed under this ordinance.
- Massage Therapy License issued by the Georgia Secretary of State
- Two (2) picture ID's
- SPMT Information Sheet, included in this packet
- Proof of residency in the state of Georgia for the last 3 years
- Non-refundable application fee of \$50.00
- Sole Proprietor Massage Therapy Establishment License fee of \$50.00
- Occupational Tax License Application with appropriate fee

### Information Sheet

Full legal name (include all aliases, nicknames, pseudonyms or trade names): \_\_\_\_\_

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Business history: List the name, address and time period of all businesses owned in the last three years. (Include corporate names or DBA's used) \_\_\_\_\_

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Residence history: List the name, address and time period of all places of residency in the last three years. \_\_\_\_\_

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Employment history: List the name, address and time period of all employment in the last three years.

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List of all services to be provided: \_\_\_\_\_

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Have you, your business or place of employment, in any jurisdiction, had a license revoked or suspended? If so, explain all details pertaining to the violation and the outcome. \_\_\_\_\_

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List any/all criminal convictions of the applicant other than misdemeanor traffic violations, including the dates of conviction, description of the offense and the court where the conviction was received.



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**By initialing below, you acknowledge, understand and agree to comply with the following statements.**

\_\_\_\_\_ I have received a copy of the City of Woodstock's Massage Therapy Code of Ordinance

\_\_\_\_\_ I have read the above mentioned ordinance.

\_\_\_\_\_ I have signed a copy of the above mentioned ordinance and it has been submitted with my application.

\_\_\_\_\_ I must display my Occupational Tax License and my state issued Massage Therapy License in a prominent place, in view of patrons.

\_\_\_\_\_ I must display my price rates for all services in a prominent place, in view of patrons.



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### Oath

I, \_\_\_\_\_ hereby certify that the statements herein are true and correct, and authorize the City of Woodstock, its agents and employees to seek information and conduct an investigation into the truth of the statements set forth in this application. I further certify that I have read the Massage Therapy ordinance in the City of Woodstock Code of Ordinances.

\_\_\_\_\_  
*Signature of owner*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of owner*

\_\_\_\_\_  
*Date*

Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

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

\_\_\_\_\_  
Date

SEAL



# CITY OF WOODSTOCK

## Sole Proprietor Massage Therapy Establishment Application

### OFFICE USE ONLY

### Sole Proprietor Massage Therapist Establishment

Proprietor Name: \_\_\_\_\_

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

Occ. Tax Business ID #: \_\_\_\_\_

**ANY DEPARTMENT RECOMMENDING DENIAL OF THE APPLICATION MUST ATTACH WRITTEN JUSTIFICATION FOR DENIAL AND FORWARD APPLICATION TO THE DEVELOPMENT SERVICES REPRESENTATIVE.**

\_\_\_\_\_  
Development Services Representative       Complete      \_\_\_\_\_  
Comments      Date

\_\_\_\_\_  
Community Development Rep.       Approved     Denied      \_\_\_\_\_  
Comments      Date