



# CITY OF WOODSTOCK

## Spa Establishment Application

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

### Spa Establishment Checklist

- Consent Form; signed and notarized
- Include license for all professions operating at the Spa Establishment, i.e. Cosmetologist, Esthetician, Massage Therapist, etc.
- Rendering or layout of space showing floor area dedicated to Massage Therapy.
- Massage Therapy License issued by the Georgia Secretary of State
- Two (2) picture ID's
- SPMT Information Sheet, pages 2 – 3 of this packet
- List of all employees with job title and description of duties.
- Proof of residency in the state of Georgia for the last 3 years
- Non-refundable fee of \$50.00 application fee
- Non-refundable fee of \$50.00 for fingerprinting
- Occupational Tax License Application with appropriate fee
- Fingerprints taken by Woodstock Police Department of applicant, owner & all employees.



# CITY OF WOODSTOCK

## Spa Establishment Application

### 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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### Information Sheet

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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If the applicant/owner is a corporation, provide a complete list of stockholders of the corporation to include names, addresses & occupations. Also, include the corporation's registered agent. \_\_\_\_\_

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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, Sole Proprietor MT 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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**CITY OF WOODSTOCK**  
REQUEST FOR CRIMINAL HISTORY

### CONSENT FORM

**\*\*Duplicate as needed\*\***

I hereby authorize the City of Woodstock, Georgia to receive any criminal and/or driver history pertaining to me which may be in the files of any state, federal or local criminal justice agency.  
PLEASE TYPE/PRINT

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Last Name	First Name	Middle Name	Maiden
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Street Address Number	Apartment
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City	State	Zip	County
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Sex	Hair	Race	Height	Weight	Eyes
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Date of Birth	Place of Birth	Social Security Number
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Drivers License Number	State	Expiration Date
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Signature	Date
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Notary Public: \_\_\_\_\_ Commission Expires: \_\_\_\_\_

**SEAL**



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### Oath

I/we, \_\_\_\_\_ 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

## Spa Establishment Application

### OFFICE USE ONLY

### Spa Establishment

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

\_\_\_\_\_  
Records Clerk       Approved     Denied    \_\_\_\_\_  
Comments      Date

\_\_\_\_\_  
Detective       Approved     Denied    \_\_\_\_\_  
Comments      Date