



**Development Services**  
12453 Highway 92, Woodstock, GA 30188  
Office: (770) 592-6054  
[businesslicense@woodstockga.gov](mailto:businesslicense@woodstockga.gov)

## 2019 Massage Establishment Renewal Form Due January 1, 2019

*\*ANY employee touching a patron MUST provide a current Massage Therapist License issued from the Secretary of State, with consent form and government issued ID\**

*\*Employees not touching the patrons MUST complete the WORK PERMIT APPLICATION with consent form and government issued ID\**

*\*\$50 Renewal Fee for Establishment and each Work Permit\**

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

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Day & Evening Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**\*\*A separate Occupational Tax License Renewal Application is due in addition to this form\*\***

**BUSINESS HOURS OF OPERATION:** \_\_\_\_\_

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

### LICENSEE INFORMATION

List all criminal convictions other than misdemeanor traffic violations, including the dates of the convictions, nature of the crimes and place convicted: \_\_\_\_\_

\_\_\_\_\_

The applicant must complete a **consent form** authorizing 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.

**I hereby give authority 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. I further acknowledge having received, read and committed to comply with the City of Woodstock Massage Therapy Ordinance.**

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

\_\_\_\_\_  
Date



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## CONSENT FORM

*Please Duplicate as Needed and Provide Photo ID with Each Form*

Purpose of Request: **Massage Therapy Establishment License**

Type of Information Requested: **Criminal History**

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	Apartment Number
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City	State	Zip	County
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Sex	Race	Height	Weight	Eyes	Hair
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Date of Birth	Place of Birth	Social Security Number
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Driver's License Number	State	Expiration Date
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Signature

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Date

SUBSCRIBED AND SWORN

BEFORE ME ON THIS

\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

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

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



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**OFFICE USE ONLY**

Massage Establishment Renewal For: \_\_\_\_\_

Address: \_\_\_\_\_

Application received \_\_\_\_\_ Amount paid \$ \_\_\_\_\_

Money Order # \_\_\_\_\_ Check # \_\_\_\_\_ CC approval # \_\_\_\_\_

Consent Forms Attached YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_ Requirements Met \_\_\_\_\_ Recommend Denial \_\_\_\_\_

**Development Services / Date**

Comments \_\_\_\_\_

\_\_\_\_\_ Requirements Met \_\_\_\_\_ Recommend Denial \_\_\_\_\_

**Records Clerk / Date**

Comments \_\_\_\_\_

\_\_\_\_\_ Requirements Met \_\_\_\_\_ Recommend Denial \_\_\_\_\_

**Detective / Date**

Comments \_\_\_\_\_

Please Return to Development Services / Community Development