



# Johns Creek

City of Johns Creek  
Revenue  
11360 Lakefield Drive  
Johns Creek, Georgia 30097  
(678) 512-3242  
www.johnscreekga.gov

## Massage and/or Spa Work Permit Application

APPLICATIONS MUST BE COMPLETED IN FULL AND SUBMITTED TO REVENUE IN PERSON BETWEEN THE HOURS OF 8:30 AM AND 5:00 PM, MONDAY THROUGH FRIDAY. SUBMIT THE COMPLETED APPLICATION WITH A GOVERNMENT-ISSUED PICTURE I.D., COMPLETED "AFFIDAVIT VERIFYING LAWFUL PRESENCE WITHIN THE UNITED STATES," AND PAYMENT IN THE AMOUNT OF \$50.00.

- ▶ *City work permits are required for all on-premises owners, managers or supervisors who are in charge of managing the massage establishment as required by the City and who do not otherwise hold a license issued under Article III of Chapter 22 of the Code of the City of Johns Creek, and massage therapists not possessing a state-issued massage therapist license who desire to engage in the business, trade or profession of massage therapy or manage a massage and/or spa establishment. A work permit does not authorize an individual to perform any activity requiring state licensure.*

I. Applicant Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last Name First Name MI  
Gender: (Check One)  Male or  Female Maiden, Married, Alias or Other Names Used: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_  
Are you 18 years or older?  Yes  No Birthplace: (City, State & Country) \_\_\_\_\_  
Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
(Check One)  Mobile or  Home

II. Address Information – list current business/home/mailing address.

Home Address: \_\_\_\_\_ Apartment/Unit: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Period: (mm/yy) \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_  
Mailing Address: \_\_\_\_\_ Apartment/Unit: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Period: (mm/yy) \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

III. Establishment Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

IV. Have you been arrested for, convicted of, or plead nolo contendere to a misdemeanor or felony within the past five (5) years? (Check One)  Yes or  No

If **yes**, explain in detail below providing the specific charge(s), date and place of arrest(s) and court jurisdiction(s) charged:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Provide Additional Information On A Separate Sheet*

New                      Renewal                      Over

Staff Only:	Initials: _____
	Receipt #: _____

V. Have you been an owner, director, officer, partner, member, or shareholder of a massage/spa establishment that has, in the previous 5 years (and while you were so related to the establishment) been declared a public nuisance or had its massage/spa establishment license revoked? (Section 22-52(b)(6))  Yes  No

If yes, please respond on a separate sheet of paper if necessary.

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**VI. Background Consent**

I, (print your name) \_\_\_\_\_, authorize the City of Johns Creek and/or their designee, *Security Solutions of American, Inc. (SSA)*, to make an independent investigation of my background, criminal or police records.

I release the City of Johns Creek and any person or entity that provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regard to the information obtained from any and all of the above referenced sources used. This consent form shall be valid as long as I am employed in the City of Johns Creek.

I hereby certify, under penalty of perjury, that statements made herein are to the best of my knowledge true and correct. I acknowledge that I am responsible to provide supplemental information within ten (10) working days of a change in circumstances rendering the above information false or incomplete by writing in certified mail and return receipt to the City of Johns Creek Revenue Department.

\_\_\_\_\_  
**Print Name of Applicant**

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

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

**Subscribed and sworn to before me on**

the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Clerk/Notary Public)

NOTARY SEAL