



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

Work Permit Renewal Application for Massage Establishments

City Use: Received _____ License No. _____

Important Information:

*A work permit is required for any person employed with a Massage Establishment which does not hold a Massage Therapist License issued by the Secretary of State & which engages in work other than massage therapy. **\$50 renewal fee.**

***This form is for RENEWAL only. For an initial Work Permit, you must complete the initial application and be fingerprinted by Woodstock Police Department.**

* A work permit does not authorize an individual to perform any activity requiring a state license.

* The work permit, if approved, shall be posted in a conspicuous place in the establishment.

Application Instructions:

- Please fill out the application completely.
- Attach a copy of state issued identification for the applicant.

Business Information

Business Name: _____

Business Street Address: _____ City: Woodstock Zip: _____

Applicant Information

Name: _____

Address: _____

Phone Number: _____ Email: _____

List all criminal convictions other than misdemeanor traffic violations, including the date of the conviction, the nature of the crimes, and the place convicted: _____

Description of services to be provided: _____

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 Establishment ordinance in the City of Woodstock Code of Ordinances.

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

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 _____ Date _____

SUBSCRIBED AND SWORN
BEFORE ME ON THIS
____ DAY OF _____, 20__
Notary Public: _____
My Commission Expires: _____



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OFFICE USE ONLY:

Massage Work Permit Sign-Off Sheet

Massage Business Name: _____

Business License Number: _____

Address: _____

Amount Paid: \$ _____ Check # _____ Cash _____ CC Auth # _____

Any department recommending denial of the application must attach written justification for denial and forward application to the Development Services Department

Development Services Rep Complete _____
Comments _____ Date _____

Records Clerk Complete _____
Comments _____ Date _____

Detective Complete _____
Comments _____ Date _____