



CITY OF WOODSTOCK

Sole Proprietor Massage Therapy Application

City Use: Received _____ Certificate No. _____

Sole Proprietor MT Checklist

- Consent Form; signed and notarized
- 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, pages 2 – 3 of this packet
- 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



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Information Sheet

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

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) _____

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

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

List of all services to be provided: _____

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.

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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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 Application

OFFICE USE ONLY

Sole Proprietor Massage Therapist

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

Records Clerk Approved Denied _____
Comments Date

Detective Approved Denied _____
Comments Date