



CITY OF WOODSTOCK

Bodywork Therapy Establishment Application

City Use: Received _____ Certificate No. _____

Bodywork Therapy Establishment Checklist

- Consent Form; signed and notarized
- Letter from the on premise physician or chiropractor stating this Bodywork Therapy Establishment is practicing in their establishment and under their supervision, **if applicable.**
- Letter from physician stating the applicant is in good physical/mental health and free of contagious or communicable disease.
- Lease or sub-lease of a single room not otherwise licensed under this ordinance.
- Three (3) Character Affidavits from Woodstock residents (form attached)
- Two (2) picture ID's
- Bodywork Therapy Establishment Info Sheet, pages 2–3 of this packet
- Evidence of training or certifications in the bodywork therapy modality or profession.
- Insurance policy covering property damage and bodily injury liability
- Proof of residency in the state of Georgia for the last 3 years
- Proof no other Massage / Bodywork Therapy Establishment is closer than 1 mile from my proposed establishment.
- 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 / 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, Bodywork Therapy Establishment 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.

_____ I understand all employees of this Bodywork Therapy Establishment must complete a Work Permit Application and be issued said permit before commencing work.

_____ I will post the Georgia Bureau of Investigation Human Trafficking Notice Sign, no smaller than 5" x 10", in a non-customer area within the establishment

_____ I understand I cannot conduct Bodywork Therapy until I am have received a Bodywork Therapy License from the City of Woodstock.

_____ After my Occupational Tax License and Bodywork Therapy Establishment applications are approved, I understand I must then apply for and be granted a Conditional Use Permit from the Mayor and City Council prior to operating.



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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



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Character Assessment Affidavit #1

I am personally acquainted with _____ and have known him/her for _____ years/months. I am a resident of Woodstock and I believe I know him/her well enough to assess his/her character.

With confidence, I proclaim _____ is of good moral character.

Print Name

Signature

Date

Character Assessment Affidavit #2

I am personally acquainted with _____ and have known him/her for _____ years/months. I am a resident of Woodstock and I believe I know him/her well enough to assess his/her character.

With confidence, I proclaim _____ is of good moral character.

Print Name

Signature

Date

Character Assessment Affidavit #3

I am personally acquainted with _____ and have known him/her for _____ years/months. I am a resident of Woodstock and I believe I know him/her well enough to assess his/her character.

With confidence, I proclaim _____ is of good moral character.

Print Name

Signature

Date



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OFFICE USE ONLY

Bodywork Therapy 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