



# City of Ringgold

150 Tennessee Street  
Ringgold, GA 30736

Office (706) 935-3061  
Fax (706) 965-7446

## **MESSAGE PARLOR LICENSE APPLICATION, YEAR 20\_\_\_\_\_**

DATE OF APPLICATION \_\_\_\_\_

\_\_\_\_\_ New Application

\_\_\_\_\_ Renewal – Prior license No. \_\_\_\_\_ (fill out section 1, 2, Consent Form, Release, and Oath along with any information that has changed since last application)

INSTRUCTIONS: EACH AND EVERY question must be fully answered (typewritten or printed in ink). If the question does not pertain, so indicate. If the space provided is not sufficient, answer the question on a separate sheet and indicate in the space provided that such separate sheet is attached. When completed, it must be dated, signed and verified under oath by the applicant and filed with the License Department, together with all supporting papers and a certified check or money order for the exact fee of \$150.00 per license.

**I HEREBY CERTIFY AS APPLICANT THAT I HAVE RECEIVED, READ AND UNDERSTAND THE CITY OF RINGGOLD REGULATIONS CONTROLLING MESSAGE THERAPY AND HEREBY AGREE TO COMPLY WITH SAID REGULATIONS.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**1. Applicant:** Owner of Massage Parlor

(NO initials, spell out all names); List all names used in the last five years and maiden name. If multiple owners use additional sheets to list all owners. Must be 18 years old or older.

Name(s) \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Cell # \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ SS# \_\_\_\_\_

Do you have a GED or High School Diploma? \_\_\_ Yes \_\_\_ No, Attach Copy

**2. Name of Business** \_\_\_\_\_

**Form of Business:** (Check one)

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietor \_\_\_\_\_

**Business Street Address:**

\_\_\_\_\_

**Business Phone** (\_\_\_\_) \_\_\_\_\_

Mailing Address (If different from business street address)

\_\_\_\_\_

**Hours of operation**

\_\_\_\_\_

**3. Owner's Name** (if different from applicant)

(If corporation, list name, address, telephone number, SS# of each partner whether partner or limited partner. Attach separate sheet if necessary)

Owner's Name

\_\_\_\_\_

Owner's Address

\_\_\_\_\_

Owner's Phone (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

Owner's City of Ringgold Occupation Tax License # for current year: \_\_\_\_\_

**4. Personal Residency Agent:** If owner is not a bona fide resident of Catoosa County at least one representative shall be listed below that is a bona fide resident.

(1) Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

(2) Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**5. List all previous arrests and disposition of the charges** including driving under the influence, date and place of arrest (except minor traffic offenses, such as speeding) for the last five years. (Use additional sheets if necessary)

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

\_\_\_\_\_ A State Approved Photo I.D. must accompany this application.

**6. List of all massage practitioners.** Each employee must obtain his or her own separate State of Georgia Massage Practitioner License. \*All persons practicing massage on the premises must be licensed massage therapists and all requirements for a license must be met.

(1) Name \_\_\_\_\_

Aliases used within last 10 years \_\_\_\_\_

SS# \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_ Copy of State of Georgia Massage Practitioner License Attached

(2) Name \_\_\_\_\_

Aliases used within last 10 years \_\_\_\_\_

SS# \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_ Copy of State of Georgia Massage Practitioner License Attached

(3) Name \_\_\_\_\_

Aliases used within last 10 years \_\_\_\_\_

SS# \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_ Copy of State of Georgia Massage Practitioner License Attached

(4) Name \_\_\_\_\_

Aliases used within last 10 years \_\_\_\_\_

SS# \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_ Copy of State of Georgia Massage Practitioner License Attached

(5) Name \_\_\_\_\_

Aliases used within last 10 years \_\_\_\_\_

SS# \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_ Copy of State of Georgia Massage Practitioner License Attached

(6) Name \_\_\_\_\_

Aliases used within last 10 years \_\_\_\_\_

SS# \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_ Copy of State of Georgia Massage Practitioner License Attached

# CERTIFICATION

This is to certify that according to the records in the City of Ringgold Police Department and G.C.I.C.,

**Full Name** (No Initials): \_\_\_\_\_

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

**Date of Birth:** \_\_\_\_\_ **SS#** \_\_\_\_\_

\_\_\_\_\_ (Drivers License # and attach a copy of your Drivers License to this form) **has / has not** been convicted of a felony involving moral turpitude within the five (5) years and (has the following record) or (has no criminal record).

\_\_\_\_\_  
**Chief of Police**

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

## OATH

OATH: I do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made to the foregoing questions in this application for a license for Massage Parlor are true and complete, and no false or fraudulent statement or answer is made herein to procure granting of a license, that any license issued pursuant to this application conditioned upon a fraudulent statement or answer herein shall constitute cause for the suspension or revocation of any license issued pursuant to this application. Should any change occur during the year for which a license is issued pursuant to this application which would require a different answer to any question contained in this application, such change **MUST** be reported as a written amendment to this application within five (5) days of the change. The failure to make such amendment shall be caused for the suspension or revocation of any license issued. I have received a copy of the City of Ringgold Massage Parlor Ordinance as amended and swear that I will abide by and comply with all of the terms of the ordinance.

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

\_\_\_\_\_  
Doing Business As or Organization Name

\_\_\_\_\_  
Date

Sworn to and subscribed before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Georgia

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

**Georgia Bureau of Investigation  
Georgia Crime Information Center**

**Consent Form**

I hereby authorize \_\_\_\_\_  
to receive any Georgia criminal history record information pertaining to me which may be in the  
files of any state or local criminal justice agency in Georgia.

\_\_\_\_\_  
Full Name (print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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Special employment provisions (check if applicable):

- Employment with mentally disabled (Purpose code 'M')
- Employment with elder care (Purpose code 'N')
- Employment with children (Purpose code 'W')

**One of the following must be checked:**

- This authorization is valid for 90/180/\_\_\_\_ (circle one) days from date of signature.
- I, \_\_\_\_\_ give consent to the above  
named to perform periodic criminal history background checks for the duration of my  
employment with this company.