

# MASSAGE THERAPY CHECKLIST

## ITEMS NEEDED FOR APPROVAL

NAME OF BUSINESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

ITEMS FROM APPLICANT:

	COMPLETED	COMMENTS
COMPLETED APPLICATION		
LICENSE FEE		
CONSENT FORM		
RECORDS CHECK FROM POLICE		
FINGERPRINTS/PHOTO		
EMPLOYMENT HISTORY		
3 LETTERS OF REFERENCE		
MEDICAL CERTIFICATE		
CERTIFICATE OF SCHOOLING		
SIGNED RECEIPT OF CODE		
GA BOARD OF MASSAGE THERAPY		

OFFICE USE ONLY:

DATE RECEIVED: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

RESULTS OF FINGERPRINTS: \_\_\_\_\_

RESULTS OF BACKGROUND CHECK:

\_\_\_\_\_

AGENDA DATE: \_\_\_\_\_

APPROVAL DATE: \_\_\_\_\_



City of Kennesaw  
2529 J.O. Stephenson Avenue  
Kennesaw, GA 30144  
770-424-8274  
770-429-4559- Fax  
www.kennesaw-ga.gov

## APPLICATION FOR MASSAGE THERAPY BUSINESS

Date \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Address of Applicant \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

TO: MAYOR AND CITY COUNCIL MEMBERS

The undersigned, \_\_\_\_\_, does hereby apply for a license for the purpose of engaging in the business trade or profession of a masseur and or massage therapist and pursuant thereto certifies the following to be true and correct:

1) Applicant has been fingerprinted by the Kennesaw Police Department at least ten (10) days prior to any license being issued.

2) Employment History – (Names and addresses of all employers):

NAME	ADDRESS	TELEPHONE
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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3) If the applicant is a corporation the address or addresses of such corporation is as follows:

\_\_\_\_\_

\_\_\_\_\_

Names and addresses of the agents and employees of said corporation for the last two (2) years immediately prior to the filing of this application as follows:

<b>NAME</b>	<b>ADDRESS</b>	<b>TELEPHONE</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

4) Applicant attaches a current health certificate executed by a medical doctor (M.D.). In the event the applicant is a corporation, it shall furnish two (2) certificates for each of its agents or employees actually engaged and working under such license.

5) Applicant attaches a photo static copy of the diploma of graduation from a bona fide registered School of Massage and said diploma must demonstrate that the applicant attended a course of study of not less than six (6) months and that the curriculum conformed to Section 9-7-2 of the Ordinance of the City of Kennesaw, Subsection (3).

6) That the applicant furnishes three signed letters of reference.

7) That the applicant and no employees of the corporation, should it be a corporation, have any police record.

The undersigned certifies that it has received a copy of this chapter or the ordinance from which this chapter is derived and understands the hours of operation allowed for this business or profession.

So certified, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Applicant

Sworn to and subscribed to before me,

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

\_\_\_\_\_  
Notary Public

OFFICE USE ONLY:

DATE RECEIVED: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_



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## APPLICATION FOR OCCUPATIONAL TAX CERTIFICATE

This application must be filled out completely to obtain a business license. Please print legibly with ink or type.

**Note: Any information and/or documents provided in this application that are exempt from disclosure to third parties under O.C.G.A. 50-18-72 will be held confidential.**

### BUSINESS INFORMATION

This business is: ( ) NEW ( ) CHANGE OF OWNERSHIP ( ) CHANGE OF NAME OR ADDRESS

The business is zoned: Residential \_\_\_\_\_ Commercial \_\_\_\_\_

Business Name (Doing Business As): \_\_\_\_\_

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

Street Address \_\_\_\_\_ APT/STE \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Mailing Address (if different) \_\_\_\_\_

Business Phone ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

Federal Identification number \_\_\_\_\_

Describe in detail the nature of the business: \_\_\_\_\_

Estimated Gross Receipts for the remainder of this calendar year \$ \_\_\_\_\_

Number of Employees at this location \_\_\_\_\_ (Sole owner/operators)

Number of Independent Contractors at this location \_\_\_\_\_

Have you had any other businesses before? Yes \_\_\_ No \_\_\_ If so, please explain what kind and where?

### OWNER INFORMATION

Type of Ownership: ( ) Sole Proprietorship ( ) Corporations/LLC \* ( ) Partnership/LLP

**\*\*Corporations must be active in compliance and provide a copy of the Corporate Certificate. \*\***

#### **OWNER INFORMATION MUST REFLECT THE TYPE OF OWNERSHIP:**

Corporate/Partnership Name: \_\_\_\_\_

Sole Proprietor Name: \_\_\_\_\_

Effective Date \_\_\_\_\_ D/O/B \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Street Address \_\_\_\_\_ Apt/Ste \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

SSN: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Cell number: ( ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

\*If the business is corporate owned or a partnership, complete Corporate Officers/Partners section on next page.

**CORPORATE OFFICERS/PARTNERS**

**President/Partner Full Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

% of Ownership \_\_\_\_\_

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

Street Address Apt/Ste City/State Zip  
Phone: ( ) \_\_\_\_\_ SSN/EIN: \_\_\_\_\_

**Vice President/Partner Full Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

% of Ownership \_\_\_\_\_

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

Street Address Apt/Ste City/State Zip  
Phone: ( ) \_\_\_\_\_ SSN/EIN: \_\_\_\_\_

**Treasurer/Partner Full Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

% of Ownership \_\_\_\_\_

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

Street Address Apt/Ste City/State Zip  
Phone: ( ) \_\_\_\_\_ SSN/EIN: \_\_\_\_\_

Person completing application, if other than owner:

**Applicant Name:** \_\_\_\_\_ ( ) Owner ( ) Member/Partner ( ) Other \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** ( ) \_\_\_\_\_

***DISCLAIMER AND SIGNATURE***

I certify that the facts stated by me are true and correct. I understand any misrepresentation or fraudulent information is grounds for automatic dismissal of this application and or revocation of the license. I understand that all signs displayed on my premise must be approved and permitted by the City of Kennesaw, Planning and Zoning Department. I also understand that my business must be operated in compliance with all applicable state, federal and local law, ordinances, and regulations; and that the granting of this license or payment of this occupation tax does not waive any rights of any state, federal, or local entity to regulate, and enforce such laws, ordinances, and regulations. In addition I understand my business location must conform to all zoning rules and regulations.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name & Title:** \_\_\_\_\_

Office Use Only	
Date Received: _____	Received By: _____
Acct: _____ SIC: _____	State Issued ID # _____ exp. _____
Tax/Fee \$ _____	Penalty _____ Interest _____ Total Dues \$ _____
Property Tax \$ _____	Utility Billing \$ _____ Date _____
Method of Payment: Cash    Check    M/C    Visa    Money Order    ck/receipt# _____	



**COMMUNITY DEVELOPMENT  
BUILDING SERVICES DEPARTMENT  
PHONE: (770) 429-4554 FAX: (770) 429-4548  
OCCUPANCY PERMIT APPLICATION**

Received date/by \_\_\_\_\_

**\*\*This permit does not allow changes to structure or construction work being done that would require permits by a licensed Contractor (plumbing, heating, electrical, building, etc) \*\*\***

**Step 1: Complete the Following Information**

APPLICANT/CONTACT NAME: \_\_\_\_\_  
 BUSINESS NAME: \_\_\_\_\_ SQUARE FOOTAGE: \_\_\_\_\_  
 BUSINESS ADDRESS: \_\_\_\_\_  
 DETAILED NATURE OF BUSINESS: \_\_\_\_\_  
 PHONE: OFFICE: \_\_\_\_\_ CELL: \_\_\_\_\_

**Step 2: Bring completed application to Kennesaw Planning and Zoning for verification of use type (770-590-8268).**

This may require up to 5 days for review to ensure your business use meets requirements for the location.

LAND LOT/PARCEL \_\_\_\_\_ ZONING \_\_\_\_\_ INTL APPROVAL BY ZONING DEPT. \_\_\_\_\_

**Step 3: If approved by Zoning, Submit business license information** to the business license clerk at City Hall Main Entrance and verify no other approvals/information is needed by them prior to CO being issued. (Example: alcohol sales)

**Step 4: Other Agencies**

- \_\_\_ **Call the Cobb County Fire Marshal's Office (770-528-8310) and Cobb Water (770-419-6327)** –They will direct you on their procedures based on the previous occupancy of the space.
- \_\_\_ **Check with the Department of Public/Environmental Services** for any food service, salon, or medical facility to obtain their procedures (770-435-7815).

**Per Fire Marshal's Direction – check one:**

- NAME/OWNER CHANGE** (where type of business remains the same and no construction is occurring) – *Complete CCFM Information Change Form found on their website at: <http://www.cobbfire.org/> Cobb County Commercial Permit Application Form (Page 2 of this form goes to Cobb Water) and Information Change Form. Once approved by both agencies, verification will be sent by them to the City of Kennesaw.*
- NEW BUSINESS TYPE** – Make an appointment to take copies of floor plan (drawing of space you are occupying) to them for approval. They will give you direction on what needs to be on the plan and if there are any fees due for their review. Go to their website, <http://www.cobbfire.org/>, to obtain the Cobb County Commercial Permit Application.

**Step 5: Submit completed application to Kennesaw Building Services**

Bring application to building services and the approved floor plan and health department approval (if applicable) to the building services department. A **\$50.00 PERMIT FEE** will be collected and a permit number assigned.

**Step 6: Schedule on site inspections of your space.** Building Services can schedule for the next appropriate business day after permit is issued. Applicant will be responsible for scheduling all other inspections required and supply the agencies with their permit number as necessary.

**Step 7: Certificate of Occupancy issued to Business License**

After approval for all inspections have been received by Building Services (CCFM will send to us via email), **WITHIN 5 BUSINESS DAYS FROM LAST APPROVED INSPECTION**, the CO will be prepared and given to Kennesaw Business License Department for processing of License. After 5 business days, you can contact the business license department at 770-424-8274 to find out when license will be available and what the license fees are.



Please check one:  NEW  RENEWAL

## BUSINESS LICENSE CONSENT FORM

I \_\_\_\_\_, HEREBY AUTHORIZE THE CITY OF KENNESAW POLICE DEPARTMENT TO RECEIVE ANY CRIMINAL HISTORY RECORD AND/OR DRIVER'S HISTORY RECORD INFORMATION PERTAINING TO ME WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY IN THE STATE OF GEORGIA FOR THE PURPOSE :

- |  |  |
|--|--|
| <input type="checkbox"/> Alcohol License   | <input type="checkbox"/> Massage Therapist License |
| <input type="checkbox"/> Bail Bond License | <input type="checkbox"/> Pawn Shop License         |
| <input type="checkbox"/> Taxi Cab License  | <input type="checkbox"/> Precious Metal            |

\_\_\_\_\_  
NAME OF ESTABLISHMENT

\_\_\_\_\_  
LOCATION

\_\_\_\_\_  
FULL NAME (PLEASE PRINT)

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
SEX

\_\_\_\_\_  
RACE

\_\_\_\_\_  
DOB

\_\_\_\_\_  
SOCIAL SECURITY NO.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NOTARY

\_\_\_\_\_  
COMMISSION DATE

***\*ALCOHOL LICENSE APPLICANTS: TO BE COMPLETED BY THE LICENSEE, OWNERS AND SPOUSES, PARTNERS AND SPOUSES, AND STOCKHOLDERS WITH 20% OR MORE SHARES AND THEIR SPOUSES.***

-----  
**Official Use Only:**

GCIC Operator number: \_\_\_\_\_ Business License Clerk: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Reviewed by Police Chief /Deputy Chief or Designee: \_\_\_\_\_





**City of Kennesaw**  
2529 J.O. Stephenson Ave.  
Kennesaw, GA 30144

**Contact Information**  
Phone: (770) 424-8274  
Fax: (770) 429-4559  
www.kennesaw-ga.gov

**Affidavit Regarding Citizenship**

Please submit this document along with a copy of your secure and verifiable document such as driver's license or passport to the City of Kennesaw with your application.

Printed Name of Applicant: \_\_\_\_\_

Business License Number: \_\_\_\_\_ (to be completed by City staff)

**APPLICANT AFFIDAVIT:**

By executing this affidavit under oath, as an applicant for a(n) business license, occupational tax certificate, alcohol license, taxi permit or other public benefit, as referenced in O.C.G.A. § 50-36-1, from the City of Kennesaw, the undersigned applicant verifies one of the following with respect to my application for a public benefit (check one):

1) \_\_\_\_\_ I am a United States citizen. **Please submit a copy of your current Secure and Verifiable Document (s) such as a driver's license, passport, or document indicated on the Attorney General's website.**

2) \_\_\_\_\_ I am not a United States citizen, but I am either a legal permanent resident of the United States or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

My alien number issued by the Department of Homeland Security or other federal immigration agency is: \_\_\_\_\_.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

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

\_\_\_\_\_  
Printed Name of Applicant

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires:

**FILL THIS FORM OUT IF YOU HAVE TEN (10) OR FEWER EMPLOYEES**

**City of Kennesaw**  
2529 J.O. Stephenson Ave.  
Kennesaw, GA 30144  
(770) 424-8274  
FAX (770) 429-4559

**Business Name** \_\_\_\_\_ **License #/Occupation Tax #** \_\_\_\_\_

**Private Employer Exemption Affidavit Pursuant To O.C.G.A. § 36-60-6(d)**

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm, or corporation employs ten (10) or fewer employees and is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6.

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, \_\_\_\_, 201\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Printed Name of Exempt Private Employer (company name)

\_\_\_\_\_  
Signature of Exempt Private Employer or Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Person Executing Affidavit

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:

\_\_\_\_\_  
\* This affidavit is for submissions made on or after July 1, 2013

**FILL THIS FORM OUT IF YOU HAVE ELEVEN (11) OR MORE EMPLOYEES**

**City of Kennesaw**  
2529 J.O. Stephenson Ave.  
Kennesaw, GA 30144  
(770) 424-8274  
FAX (770) 429-4559

**Business Name** \_\_\_\_\_ **License #/Occupation Tax #** \_\_\_\_\_  
**Number of Employees (Company-wide):** \_\_\_\_\_

**Private Employer Affidavit of Compliance Pursuant To O.C.G.A. § 36-60-6(d)**

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_  
Federal Work Authorization User Identification Number (Also known as E-Verify number)  
(An E-Verify number is four to six characters – it is not your Federal ID Number. If you do not have an E-Verify number, visit [www.uscis.gov](http://www.uscis.gov) and click on E-Verify.)

\_\_\_\_\_  
Date of Authorization

\_\_\_\_\_  
Printed Name of Private Employer (company name)

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, \_\_\_\_, 201\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

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

PART II - CODE OF ORDINANCES

Chapter 22 - BUSINESSES

ARTICLE IX. MASSAGE THERAPY BUSINESSES

**ARTICLE IX. MASSAGE THERAPY BUSINESSES <sup>(B)</sup>**

[Sec. 22-216. Applicability.](#)

[Sec. 22-217. Penalty for violation.](#)

[Sec. 22-218. License required; application.](#)

[Sec. 22-219. Qualifications of applicant.](#)

[Sec. 22-220. Issuance of license; fee.](#)

[Sec. 22-221. Revocation of license; hearing.](#)

[Sec. 22-222. Signed copy of regulations to be filed with license application.](#)

[Sec. 22-223. Authority to train personnel.](#)

[Sec. 22-224. Information concerning employees to be filed with business license department.](#)

[Sec. 22-225. Record of treatments to be maintained.](#)

[Sec. 22-226. Maintenance of patient log.](#)

[Sec. 22-227. Patronage of massage therapy businesses.](#)

[Sec. 22-228. Massages by unlicensed persons.](#)

[Sec. 22-229. Prohibited contact.](#)

[Sec. 22-230. Licensed massage therapist.](#)

[Secs. 22-231—22-250. Reserved.](#)

**Sec. 22-216. Applicability.**

- (a) This article shall apply to all businesses employing massage therapists.
- (b) Nothing in this article shall be construed to affect, restrict, or prevent the practice, services, or activities of those individuals and/or entities specifically delineated in O.C.G.A § 42-24A-19, as amended.

(Ord. No. 2007-32, Att. A, 11-5-07; Ord. No. 2012-02, 3-19-12)

**Sec. 22-217. Penalty for violation.**

Any person who shall violate any provisions, requirements, terms or conditions of this article shall, upon conviction, be punished as provided in [section 1-11](#).

(Ord. No. 2007-32, Att. A, 11-5-07)

**Sec. 22-218. License required; application.**

- (a) Any person desiring to engage in the business that will employ one or more massage therapists shall, before engaging in such business, file an application for a business license addressed to the

PART II - CODE OF ORDINANCES

Chapter 22 - BUSINESSES

ARTICLE IX. MASSAGE THERAPY BUSINESSES

mayor and city council. Such application shall be in writing and shall set forth or show compliance with the following:

- (1) Pursuant to O.C.G.A. § 36-60-6, as amended, the applicant must provide evidence that each massage therapist to be employed by the business has the license required under the Massage Therapy Practice Act, O.C.G.A. § 43-24A-1 et seq. No business license shall be issued to any applicant without such licensure being presented.
  - (2) The applicant must be fingerprinted by the city police department and a character reference check shall be completed for him or her. The applicant shall also submit a list of all persons who he or she intends to hire as employees for the business. A character reference check shall be completed for all persons who will be employed by the business, including, but not limited to, all massage therapists. It is the applicant's responsibility to provide the names of all such prospective employees and the forms required to complete the reference checks on those prospective employees. Additionally, any person hired as an employee after the application is submitted and after the business opens must also have a character reference completed on him or her. Fingerprints must be submitted no less than 15 days prior to issuance of a license to allow for investigation of the applicant and the employees. The fingerprints submitted shall be taken no earlier than 30 days prior to the submission of the application.
  - (3) If the applicant is an individual, his or her name and home or business address (P.O. boxes or their equivalent are not sufficient), telephone number, fax number, and email address must be provided. If the applicant is a corporate entity (which shall include a corporation, limited liability company, limited partnership, limited liability partnership, professional corporation, professional association, and/or any other such similar entity), the corporate entity shall provide: the name of the corporate entity; the name of the person completing the application; his or her position or title with the corporate entity; the address of the principal place of business of the corporate entity; the telephone number of the corporate entity; the fax number of the corporate entity; the email address of the person completing the application; and, the names and addresses of all persons who have served in as an officer, manager, managing member, or general partner of the corporate entity during the two (2) years immediately preceding the date shown on the application.
  - (4) If the applicant is an individual, the name and address of any person having previously employed the applicant for a period of two years or longer.
  - (5) If such applicant is a corporate entity, a certificate of good standing from the Georgia Secretary of State must be attached to the application.
  - (6) Qualifications must be plainly stated together with required exhibits annexed to such application.
  - (7) A certificate certifying as to the good moral character of the applicant, signed by three currently qualified and registered voters of good moral character of the city. Such letters shall not be required for annual renewals of licenses issued under this article.
  - (8) Should the applicant be a corporate entity, such corporation shall also submit with such application a certificate, executed as described in subsection (6) of this section, certifying as to the good moral character of the employees and agents of the corporation who are actually engaged in such business for the corporation.
- (b) After the business license is issued, the applicant shall have a continuing obligation to submit the necessary documentation for reference checks of all new employees and to provide for each new massage therapist a true and accurate copy of the license issued to such massage therapist under the Massage Therapy Practice Act, O.C.G.A. § 43-24A-1 et seq.

(Ord. No. 2007-32, Att. A, 11-5-07; Ord. No. 2012-02, 3-19-12)

PART II - CODE OF ORDINANCES

Chapter 22 - BUSINESSES

ARTICLE IX. MASSAGE THERAPY BUSINESSES

**Sec. 22-219. Qualifications of applicant.**

- (a) In accordance with, and in addition to, all state requirements for licensure of massage therapists any applicant under this article, prior to making application for a license, must have the following qualifications:
- (1) The applicant, whether applying individually or on behalf of a corporate entity, must be of good moral character.
  - (2) Such applicant must furnish, with the application, two copies of a current health certificate of a medical doctor for each and every person, whether an employee or independent contractor, providing massage therapy at the proposed business location of the applicant.
- (b) A massage therapist shall provide massage for physical therapy and health only and shall be entitled to engage in such profession within and between the hours of 7:00 a.m. and 10:00 p.m., Eastern Standard Time.

(Ord. No. 2007-32, Att. A, 11-5-07; Ord. No. 2012-02, 3-19-12)

**Sec. 22-220. Issuance of license; fee.**

If the application for a business license under this article is submitted in proper form and is approved by the mayor and council, then the business license department is authorized to issue a business license to such applicant upon the payment of an annual license fee as set forth in the schedule of fees on file in the office of the mayor and council and/or business license bureau.

(Ord. No. 2007-32, Att. A, 11-5-07)

**Sec. 22-221. Revocation of license; hearing.**

A business license granted under this article shall be subject to revocation for cause. Whenever in the opinion of the business license department there is cause to revoke such business license, a written notice of intention to revoke it and the grounds therefore shall be furnished the holder thereof at least three days before a regular or called meeting of the mayor and council, at which time the holder of the business license may make such showing as he may deem proper. After a hearing, the mayor and council may revoke such license if, in its discretion, it is to the best interest, peace and good order of the city.

(Ord. No. 2007-32, Att. A, 11-5-07)

**Sec. 22-222. Signed copy of regulations to be filed with license application.**

A signed copy of this article or the ordinance from which this article is derived will be filed with any business license application by the business license department.

(Ord. No. 2007-32, Att. A, 11-5-07)

**Sec. 22-223. Authority to train personnel.**

Any applicant granted a business license under this article shall have the authority to employ those individuals granted provisional massage therapists license by the Georgia Board of Massage Therapy in accordance with the Massage Therapy Practice Act, O.C.G.A. § 43-24A-1 et seq., provided that the

PART II - CODE OF ORDINANCES

Chapter 22 - BUSINESSES

ARTICLE IX. MASSAGE THERAPY BUSINESSES

business licensee shall furnish to the business license department, there to be kept by such department, a health certificate of each such employee from a medical doctor.

(Ord. No. 2007-32, Att. A, 11-5-07; Ord. No. 2012-02, 3-19-12)

**Sec. 22-224. Information concerning employees to be filed with business license department.**

Within three business days of commencement of operations of the business, the applicant shall file with the business license department an affidavit stating the names of all employees. After hiring each new employee and prior to that employee's commencement of employment, the applicant shall provide the name of each such prospective employee and the documentation, including fingerprints, to conduct a reference check on such employee. If the employee is a massage therapist, the applicant shall provide two copies of the employee's license issued by the Georgia Board of Massage Therapy.

(Ord. No. 2007-32, Att. A, 11-5-07; Ord. No. 2012-02, 3-19-12)

**Sec. 22-225. Record of treatments to be maintained.**

It shall be the duty of any person granted a business license under this article to maintain correct and accurate records of the names and addresses of the persons receiving treatment at such establishment, the type of treatment administered, and the name of the person at the establishment administering such treatment. Such records shall be subject to inspection at any time by any member of the business license department.

(Ord. No. 2007-32, Att. A, 11-5-07)

**Sec. 22-226. Maintenance of patient log.**

Each client or customer of a massage therapist shall have the unfettered right to select his or her massage therapist. The date and hour of each treatment given to any patient, the name of the patient, and the name of the massage therapist shall be entered on a schedule maintained by the business, which shall be subject to inspection by the business license department. The requirements of this section shall not apply to treatments given at the office of a licensed chiropractor, licensed physician, osteopath or registered physical therapist, or in a regularly established and licensed hospital or sanitarium.

(Ord. No. 2007-32, Att. A, 11-5-07; Ord. No. 2012-02, 3-19-12)

**Sec. 22-227. Patronage of massage therapy businesses.**

- (a) *Restricted.* It shall be unlawful for any person under the age of 18 years to patronize any massage therapy business unless such person carries with him at the time of such patronage a written order directing the treatment to be given signed by a regularly licensed physician.
- (b) *Duty of operator.* It shall be the duty of the operator of a massage therapy business to determine the age of the persons patronizing such massage therapy business, and a violation of this section shall be grounds for revocation of the license of such massage therapy business.

(Ord. No. 2007-32, Att. A, 11-5-07; Ord. No. 2012-02, 3-19-12)

PART II - CODE OF ORDINANCES

Chapter 22 - BUSINESSES

ARTICLE IX. MASSAGE THERAPY BUSINESSES

**Sec. 22-228. Massages by unlicensed persons.**

Massages may be given by persons not holding a license as a massage therapist only in accordance with O.C.G.A. § 43-24A-9, as may be amended from time to time.

(Ord. No. 2007-32, Att. A, 11-5-07)

**Sec. 22-229. Prohibited contact.**

No massage therapist shall manipulate, fondle or handle the sexual organs of any person.

(Ord. No. 2007-32, Att. A, 11-5-07)

**Sec. 22-230. Licensed massage therapist.**

Any person licensed pursuant to the Massage Therapy Practice Act, O.C.G.A. § 43-24A-1, as amended, shall be entitled to practice as a massage therapist as required by the State of Georgia.

(Ord. No. 2007-32, Att. A, 11-5-07; Ord. No. 2012-02, 3-19-12)

**Secs. 22-231—22-250. Reserved.**

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FOOTNOTE(S):

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**Editor's note**— Ord. No. 2007-32, Att. A, adopted Nov. 5, 2007, amended the former Art. IX, §§ 22-216—22-230, and enacted a new Art. IX as set out herein. The former Art. IX pertained to similar subject matter and derived from Code 1986, §§ 9-7-1—9-7-11, 9-7-13—9-7-15; Ord. of Nov. 4, 1991(1), §§ 9-7-16—9-7-18); Ord. No. 2007-17, adopted May 21, 2007 (rescinded Nov. 5, 2007). ([Back](#))

**State Law reference**— Giving massages in places used for lewdness, prostitution, assignation or masturbation for hire, O.C.G.A. § 16-6-17; Georgia Massage Therapy Practice Act, O.C.G.A. § 43-24A et seq. ([Back](#))