

## Massage Work Permit Application

Applications must be completed in full and submitted to Revenue in person between the hours of 9:00am – 10:45am or 1:00pm – 2:45pm, Tuesdays & Thursdays. Submit the completed application with a government-issued picture I.D., completed "Affidavit Verifying Lawful Presence Within the United States," and payment in the amount of \$100.00 (\$50 permit fee, \$50 background check fee).

City work permits are required for all on-premises owners, managers or supervisors who are in charge of managing the massage establishment as required by the City and who do not otherwise hold a license issued under Article IX of Chapter 10 of the Code of the City of Dunwoody, and massage therapists not possessing a state-issued massage therapist license who desire to engage in the business, trade or profession of massage therapy or manage a massage and/or spa establishment. A work permit does not authorize an individual to perform any activity requiring state licensure.

Applicant Name:			Social Security	Number:		
Last Name	First Name	e MI				
Gender: (Check One)  Male or	Female Maid	en, Married, Alias	or Other Names Use	ed:		
Date of Birth:/ //	_ Driver's Lice	ense Number:		State Issued:		
Race:	_Birthplace: (	City, State & Country	)			
Phone:		Email Address:				
(Check One) Dobile or	Home					
Address Information – list all home needed.	e addresses o	ver the past five (5)	years; use the back	c of this s	heet if moi	re space is
Current Address:			Apartn	nent/Unit:		
City:	State:	_Zip Code:	Period: (mm/y	y)	/ to _	/
Previous Address:			Apartn	nent/Unit:		
City:	State:	_Zip Code:	Period: (mm/y	y)	/to _	<u> </u>
Previous Address:			Apartn	nent/Unit:		
City:	State:	Zip Code:	Period: <i>(mm/y</i>	y)	/to _	<u> </u>
Have you been arrested and/or co	nvicted for a	misdemeanor or	felony within the p	ast five (	5) years?	
				·		
	n yee, piec					
Establishment Name & Street:						
	Last Name   Gender: (Check One)   Date of Birth:   /   Race:   Phone:   (Check One)   Mobile   Mobile   or   Address   (Check One)   Mobile   or   Address   (Check One)   Mobile   or   Address   City:   Previous Address:   City:   Previous Address:   City:   Have you been arrested and/or co   (Check One)   Yes   Or	Last Name First Name   Gender: (Check One) Male or   Female Maid   Date of Birth: /   Pate of Birth: /   Driver's Lice   Race: Birthplace: (   Phone:   (Check One) Mobile or   Home   Address Information – list all home addresses or   needed.   Current Address:   City:   State:   Previous Address:   City:   State:   Previous Address:   City:   State:   Have you been arrested and/or convicted for a   (Check One)   Yes   No   If yes, pleat	Last Name       First Name       MI         Gender: (Check One)       Male or       Female Maiden, Married, Alias of Date of Birth:          Date of Birth:      /       Driver's License Number:          Race:        Birthplace: (City, State & Country         Phone:        Email Address:          (Check One)       Mobile or       Home       Email Address:          Address Information – list all home addresses over the past five (5) needed.       Current Address:	Last Name       First Name       MI         Gender: (Check One)       Male or       Female Maiden, Married, Alias or Other Names Use         Date of Birth:	Last Name       First Name       MI         Gender: (Check One)       Male or       Female Maiden, Married, Alias or Other Names Used:	Last Name       First Name       MI         Gender: (Check One)       Male or       Female Maiden, Married, Alias or Other Names Used:

## O.C.G.A. § 50-36-1(e)(2) Affidavit Verifying Status for City Public Benefit

### **\*\*This form is required for ALL LICENSES/PERMITS by State Law\*\***

By executing this affidavit under oath, as an applicant for an <u>massage work permit</u>, as referenced in O.C.G.A. § 50-36-1, from the City of Dunwoody, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

1) I am a United States citizen

(Must include copy of either current State Driver's License, Passport, or Military ID)

2) \_\_\_\_\_ I am a legal permanent resident of the United States\*\* (Must include a copy of your current State Driver's License and either a copy of your Permanent Resident Card or Employment Authorization Card)

3) 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.\*\*

(Must include a copy of your current State Driver's License and either a copy of your Permanent Resident Card or Employment Authorization Card)

\*\*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.

The secure and verifiable document provided with this affidavit can best be classified as:

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

Date

Printed Name of Applicant

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

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

NOTARY PUBLIC/SEAL

## **Background Check Consent Form**

# **\*\*\*PLEASE NOTE:** Background Checks are only performed between the hours of 9AM-10:45AM and 1PM-2:45PM on Tuesdays and Thursdays.

I authorize the **Dunwoody Police Department** to receive any background record information pertaining to me, which may be in the files of any federal, state, and/or city criminal justice agency in Georgia. I also acknowledge that I received a copy of my privacy rights in accordance to both Federal and State regulations.

Maiden Name/Previous Nan Date:				
Driver's License No:			DL State:	
Are you a U.S. Citizen?	Yes	No		
If no, you will need to ha	ave your Gree	en Card av	ailable. Country	/ of Birth:
Date of Birth:	Race:	Sex:	Social Sec#:	
Street Address:				
City:	County:		State:	Zip:
Business Name:				
Business Address:				

### For Finance Dept Use Only:

Only Background Check & Fingerprints (No Permit Required)
 Only Background Check (No Permit Required)
 Return Results to Finance Department
 Work Permit (Photo, Background Check, Fingerprints)-Issue to Applicant (Exp. 1 yr)

Employee Completing: \_\_\_\_\_\_ Date Complete: \_\_\_\_\_\_
Meets Permit/License Requirements: \_\_\_\_\_ Does Not Meet Permit/License Requirements: \_\_\_\_\_

#### APPLICANT PRIVACY RIGHTS

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

• You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.

• If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.

• If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.

• The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.

• If you have a Georgia or FBI criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the agency denies you the job, license or other benefit based on information in the criminal history record.

• In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. § 35-3-34(b) and §35-335(b)].

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the GBI website (<u>http://gbi.georgia.gov/obtaining-criminal-history-record-information</u>).

If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at the GBI website (http://gbi.georgia.gov/obtaining-criminal-history-recordinformation).

## **PRIVACY ACT STATEMENT**

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine Uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

2018-05 Attachment B