



Cobb County Business License Division
P.O. Box 649
Marietta, GA 30010-0649
Phone – 770-528-8410

Applications should be submitted in person at:
1150 Powder Springs Street, Suite 400
Marietta, Georgia 30064

Website Address – www.cobbcounty.org

Check off list and Application for a Health Spa License

Before completing this application you must verify that the proposed location of your establishment is in fact located in unincorporated Cobb County. You must also contact the Cobb County Zoning Division at 770-528-2035 to verify that the proposed location is zoned for the type of business activity that you are proposing to conduct with this application. (See question 33 of the application)

Pursuant to the Georgia Immigration Reform Act that was passed by the State Legislature and signed by the Governor **Effective January 1, 2012** all persons applying for a Cobb County Business License must provide in **person** to the Cobb County Business License Division one secure and verifiable document as required by O.C.G.A. 50-36-1(e)(1) and sign the affidavits required by O.C.G.A. 50-36-1(e)(2) and O.C.G.A. 36-60-6(d).

- 1. The application must be completed in its **entirety** before being accepted by the Business License Division. Each question must be answered. **Provide one original and one duplicate of the completed application and all attachments.** If you have any questions, please contact our office. **Once the application has been completed in its entirety and all requested attachments are included with the application and a duplicate copy has been made** you may submit the application at 1150 Powder Springs St., Suite 400, Marietta, GA 30064.
- 2. The application and all attachments **must be typed or legibly printed in black or blue ink.** The Business License Division reserves the right to refuse to accept any application and/or attachment(s) that are considered illegible by the Cobb County Business License Division Manager.
- 3. The licensee is required to be a resident of the State of Georgia and a Georgia State Licensed Massage Therapist.
- 4. The applicant(s) and licensee must be a U.S. Citizen or a legal alien for at least one year prior to making application.

- ❑ 5. The applicant(s) and the applicant's spouse(s), partners, shareholders, and **ALL** employees must sign and have notarized the attached criminal history consent form (page 16) .
- ❑ 6. All applicants must provide original, government-issued, picture identification to the Business License Division to verify identity, the applicant must also provide a copy of government issued identification with the application.
- ❑ 7. Applicants/licenses that are not U.S. Citizens must provide **original** Immigration Card I-551 to the Business License Staff for verification and copying. Naturalized citizens must provide a copy of their **original** certificate of naturalization for verification by Business License Staff. This applies to the licensee **and the spouses** of the licensee. (Applications for I-551 and pending applications for I-551 are not acceptable for the licensee and the licensee's spouse; other immigration statuses that allow legal entry into the United States are not acceptable for the licensee and the licensee's spouse, but they may be acceptable for shareholders of the corporation.)
- ❑ 8. Provide two (2) passport size, 2x2 photos of applicant(s)/licensee.
- ❑ 9. Attach a list of the names of all employees, designated managers, and independent contractors, and their home addresses, home telephone numbers, places of employment, date of birth, their duties and services performed, copy of Georgia State Massage Therapy License (when applicable). Any changes in information furnished shall be filed within seventy two hours of the change.
- ❑ 11. All persons that have 20% or more ownership, and any partners in this "non-public" business, and the licensee (if different from owner) will be required to submit a personal statement and attach it to this application (pages 13-15 of this application)
 - ❑ 12. Provide a copy of a lease and/or sublease, contract, management agreement, or deed for the property. All must be executed by all parties involved. **The ownership of the business applying for the license must be listed as the tenant in the lease.**
- ❑ 13. Provide a copy of the Certificate of Incorporation if the business is a corporation or a Certificate of Organization if the business is an LLC.
- ❑ 14. \$100.00 non **refundable application** fee payable to the Cobb County Business License Division (business check, cashier's check, or money order) is due at the time the application is submitted.
- ❑ 15. If this application is submitted as a change of ownership, in addition to all of the above, an executed (signed) purchase agreement must be submitted with the application.
- ❑ 16. Change of ownership fee \$50.00 (due at the time the application is approved.)

Regulatory fee amount:

Gross receipts fee plus \$200 regulatory fee.

Applicant Procedure:

- After the application is submitted to the Business License Division it will be forwarded to the Cobb County Police Department, which will complete a criminal history investigation **usually** within (14) days.
- As required by Cobb County Code of Ordinances, the Police Department will complete their investigation within 60 days of the date the application is received.
- Once the application is investigated, the application will be considered by the Business License Division. Upon approval of the application by the Business License Manager, all license fees and occupational taxes must be paid.
- Occupation taxes and license fees for independent contractors, cosmetologists, beauticians, estheticians, massage therapists, personal trainers, dieticians, etc. must be paid within two (2) weeks of approval of the health spa license.
- If the application is denied, an appeal to the License Review Board may be filed within ten (10) days of the date of denial.
- A license fee and occupational tax are required for each location that a person practices or is engaged in business in Cobb County.
- A change of address requires that the business file the attached completed application and approval of the new location by the Business License Division Manager. **Applicants are not authorized to operate until the applicant's license is issued.**
- All employees must submit consent forms to the Business License Division within 10 days of employment or the employee and business will be in violation of the Cobb County Code of Ordinances.
- All independent contractors must obtain a Cobb County Business License prior to engaging in business.
- The license for the health spa **DOES NOT** "cover" or authorize independent contractors operating within the health spa.

9. Date Business will begin. _____
10. Estimated gross receipts for the calendar year. _____
11. Type of Ownership: Sole Proprietor() Partnership() Corporation() LLP() LLC()
12. If Sole Proprietor - Owner's Name: _____
SS# ____ - ____ - ____ Date of Birth: _____
Home Address: _____ Home Phone: _____
City: _____, State: _____ Zip: _____
Email Address: _____
13. If Partnership or Limited Liability Partnership
- Partnership or LLP Name: _____
- Name of Partner/Member: _____ SS# ____ - ____ - ____
Date of Birth: _____ Percentage of Ownership: _____
Home Address: _____ Home Phone: _____
City: _____, State: _____ Zip: _____
Email Address: _____
- Name of Partner/Member: _____ SS# ____ - ____ - ____
Date of Birth: _____ Percentage of Ownership: _____
Home Address: _____ Home Phone: _____
City: _____, State: _____ Zip: _____
Email Address: _____

*** Include additional partners/members on separate attachment***

14. If Corporation or Limited Liability Company

Name of Corporation or LLC: _____

President/Member: _____ Percentage of Ownership: _____

Date of Birth: _____ SS#: _____

Home address: _____ Home Phone: _____

City: _____, State: _____ Zip: _____

Email Address: _____

Vice President/Member: _____ Percentage of Ownership: _____

Date of Birth: _____ SS#: _____

Home address: _____ Home Phone: _____

City: _____, State: _____ Zip: _____

Email Address: _____

Secretary/Member: _____ Percentage of Ownership: _____

Date of Birth: _____ SS#: _____

Home address: _____ Home Phone: _____

City: _____, State: _____ Zip: _____

Email Address: _____

Treasurer/Member: _____ Percentage of Ownership: _____

Date of Birth: _____ SS#: _____

Home address: _____ Home Phone: _____

City: _____, State: _____ Zip: _____

Email Address: _____

Include additional partners/members on separate attachment

Cobb County
Business License Division
Health Spa Application
Revised 4/23/15

15. List all stockholders by name, date of birth, social security number, address, phone number, and number of shares owned by each. Attach copies of all stock certificates (front and back) to the application.

<u>Name</u>	<u>DOB</u>	<u>SSN</u>	<u>Address</u>	<u>Phone #</u>	<u>#Shares</u>
<hr/>					
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16. Does the licensee, partner, member, manager, corporation, stockholder in the corporation or any owner have any other vested interest or ever had any interest in any other health spa license in the State of Georgia? Yes () No ()

If yes, give complete name(s), address, and phone number(s) below or attach list.

17. List full name, date of birth, social security number, address, and percentage of ownership for each individual, including all "limited" and "silent" partners, having any vested interest in this application. (Attach all documents indicating ownership, direct, indirect, or by default.)

<u>Name</u>	<u>DOB</u>	<u>SSN</u>	<u>Address</u>	<u>% of Ownership</u>
<hr/>				
<hr/>				

18. List full name, address, and percentage of ownership for each firm or corporation having any interest in this application.

<u>Corporate Name</u>	<u>Business Address</u>	<u>% Owned</u>
<hr/>		
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19. List full name, position held, social security number, address, and percentage of ownership for each board member of each corporation.

<u>Name</u>	<u>Position Held</u>	<u>SSN</u>	<u>Resident Address</u>	<u>% Owned</u>
<hr/>				
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20. List the full name and address of every owner of the property on which this business is to be conducted.

<u>Name of Property Owner</u>	<u>Address</u>	<u>Relation to applicant or owner(s)</u>
_____	_____	_____
_____	_____	_____

21. List the full name and address of every owner of the building within which this business is to be conducted, if different from number 24.

<u>Name of Building Owner</u>	<u>Address</u>	<u>Relation to applicant or owner(s)</u>
_____	_____	_____
_____	_____	_____

22. List the full name and address of every lessor and sub-lessor of the property where the business is to be conducted.

<u>Name</u>	<u>Lessor or Sub-lessor</u>	<u>Address</u>	<u>Relation to applicant or owner(s)</u>
_____	_____	_____	_____
_____	_____	_____	_____

23. Name the person(s) that will be the manager(s) of this business, giving all pertinent information.

<u>Name</u>	<u>SSN</u>	<u>Address</u>	<u>% Interest (if any)</u>	<u>Compensation</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

24. Has this or any place of business associated in any form with the Corporation, LLC, Partnership, LLP, or individual ownership for which this application is submitted, or any owner, partner, shareholder, stockholder, licensee, officer, or employee of any owner, shareholder or entity of a shareholder in this application ever been cited, charged, indicted, have a pending charge, or been convicted at any time, for any violation of Georgia Law, Federal Law, or any rule or regulation of the State Revenue Commissioner, or any rule, regulation, or ordinance of any city, county, or other Governmental unit?

Yes () No () If yes, give full details of all the above.

25. Have you or your spouse, or any person having interest in this business or their spouse, ever been:

- A. **Arrested** Yes () No () B. **Convicted** Yes () No ()
C. **Detained** Yes () No () D. **Indicted** Yes () No ()
E. **Pled Guilty** Yes () No () F. **Pled Nolo Contendre** Yes () No ()
G. **On Probation** Yes () No () H. **Any Pending Criminal Charge** Yes () No ()

I. If you answered "YES" to any of these questions, list below, in complete detail, the name, dates, charges, places of arrest, and disposition of charges(s). (Failure to make a full disclosure in response to this question will result in denial of the application or a revocation of the license if information requested was not given for any reason.)

26. Have you, your spouse, the licensee, the licensee's spouse, any person having any interest in this business or their spouse ever had any interest in any business, ever been a licensee, or ever been an officer in any business that was cited, had an employee of any business cited, detained, arrested, indicated, or convicted for any offense by any federal, state, county, or city government or has any business been warned or had any license placed on probation, denied, suspended, or revoked by any federal, state, county, or city government? (Failure to make full disclosure of all details in response to this application will result in denial of the application or revocation of the license.)

27. Please indicate days and hours of operation for this business. _____

28. How many employees are employed at this location? (Not including yourself) _____

*** Attach a list of the names of all employees and designated managers, and their home addresses, home telephone numbers, places of employment, date of birth, their duties and services performed, copy of Georgia State Massage Therapy License (when applicable). Any changes in information furnished shall be filed within seventy two hours of the change.**

29. How many independent contractors are employed at this location? _____

*** Attach a list of the names of all independent contractors, and their home addresses, home telephone numbers, places of employment, date of birth, their duties and services performed, copy of Georgia State Massage Therapy License (when applicable). Any changes in information furnished shall be filed within seventy two hours of the change.**

30. Have you or any of your employees or independent contractors ever been:

- A. **Arrested** Yes () No () B. **Convicted** Yes () No ()
- C. **Detained** Yes () No () D. **Indicted** Yes () No ()
- E. **Pled Guilty** Yes () No () F. **Pled Nolo Contendre** Yes () No ()
- G. **On Probation** Yes () No ()

H. If you answered "YES" to any of these questions, list below in complete detail the dates, charges, place of arrest, and disposition of charge(s). (Failure to make a full disclosure in response to this question will result in a denial of the application or a revocation of the license if information requested was not given for any reason.)

31. Has this location been cited for any violation previously or any employee, while working at this location, ever been cited for any violation? (If yes, please give the date of the violation, type of violation and name of person cited) _____

32. Zoning Verification

Zoning Verification- Section 1 **(to be completed by the applicant)**. Please contact the Cobb County Zoning Division at 770-528-2035 if you have any questions regarding this section.

Section 1 (to be completed by the applicant)

State exactly the proposed use of the property:_____

- A. Property address:_____
- B. Parcel identification # (can be found on the property tax bill or at the Cobb County website under the GIS Mapping section):_____.

Zoning Verification- section 2 **(to be filled out by a Zoning Staff employee)**

Section 2 (to be filled out by a Zoning Staff member)

- C. What is the Future Land Use Designation?_____
- E. What is the zoning of the property (include case # and year)?_____
- F. Are there any zoning or variance stipulations that affect the applicant's use of the property?
YES (attach copy of the minutes):_____; NO_____.
- G. Is the proposed use prohibited by zoning code, zoning stipulations and/or variance stipulations?
NO_____; YES_____, this use is not permitted on this property and should not be approved.

*If this is an application for a new establishment attach proof of adequate parking facilities of one (1) off street parking space for each (200) square feet of total floor area within the building in conformance with the zoning ordinance and regulations of the County.

Verified by Zoning Staff member_____

Date_____

I, _____, affirm that the facts stated by me are true. I understand any misrepresentation or fraudulent statement is grounds for automatic dismissal of this application and/or revocation of the license. I understand that all signs on my premise must be permitted by the Cobb County Code Enforcement Division (770-528-2180) and the Fire Marshal's Office must be contacted in reference to a Certificate of Occupancy (770-528-2310).

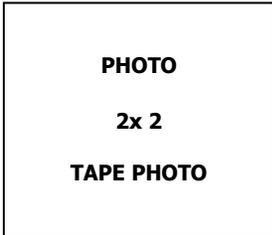
This _____ day of _____, 20__.

Signature of Applicant

Sworn to and subscribed before me this _____ day of _____, 20__.

Notary Public

Date



OWNER/LICENSEE PERSONAL STATEMENT

Circle one

(A photo of the applicant must be attached)

1. Full name of owner/licensee (Do not use initials): _____
(Include all sir names)
 2. What is your position with the company in this application? _____
 3. Home Address: _____
City State Zip
 4. Business Address: _____
City State Zip
 5. Business Phone Number: _____ Home Phone Number: _____
Cell/Alternate Phone Number: _____ Email Address: _____
 6. Race _____ Sex: _____ Age: _____ 7. Social Security Number: _____ - _____ - _____
 7. Date of birth: _____ Place of birth: _____
 8. U.S. Citizen by (please check one): Birth _____ Naturalization _____
If naturalized: Certificate No. _____
- If not a citizen, please complete the following:**
- Alien Registration no.: _____ Native Country: _____
- Employment Authorization no.: _____
- Date and port of entry: _____
- *MUST PROVIDE ORIGINAL IMMIGRATION DOCUMENTS***
9. Are you: Single () Married () Widowed () Divorced () Separated ()
(Check one)

12. Have you or your spouse, or any person having interest in this business or their spouse, ever been:

- A. **Arrested** Yes () No () B. **Convicted** Yes () No ()
C. **Detained** Yes () No () D. **Indicted** Yes () No ()
E. **Pled Guilty** Yes () No () F. **Pled Nolo Contendre** Yes () No ()
G. **On Probation** Yes () No () H. **Any Pending Criminal Charge** Yes () No ()

I. If you answered "YES" to any of these questions, list below, in complete detail, the name, dates, charges, places of arrest, and disposition of charges(s). (Failure to make a full disclosure in response to this question will result in denial of the application or a revocation of the license if information requested was not given for any reason.)

I, _____, affirm that the facts stated by me are true. I understand any misrepresentation or fraudulent statement is grounds for automatic dismissal of this application and/or revocation of the license. I understand that all signs on my premise must be permitted by the Cobb County Code Enforcement Division (770-528-2180) and the Fire Marshal's Office must be contacted in reference to a Certificate of Occupancy (770-528-2310).

This _____ day of _____, 20__.

Signature of Applicant

Sworn to and subscribed before me this _____ day of _____, 20__.

Notary Public

Date

CONSENT FORM

REQUIRED OF ANY APPLICANT/LICENSEE AND SPOUSE OF ANY APPLICANT(S)/LICENSEE AND ANY EMPLOYEE

I HEREBY AUTHORIZE COBB COUNTY BUSINESS LICENSE TO RECEIVE ANY 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 PRINTED

STREET ADDRESS

CITY, STATE, & ZIP

SEX

RACE

DATE OF BIRTH

SS NUMBER

ALIEN NUMBER (IF NOT A US CITIZEN)

SIGNATURE

NOTARY PUBLIC

DATE

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a **Business License / Occupational Tax Certificate** as referenced in O.C.G.A. § 50-36-1, from **Cobb County** the undersigned applicant verifies one of the following with respect to my application for public benefit:

CHECK ONLY ONE OPTION:

- 1) ___ I am a United States citizen.
- 2) ___ I am a legal permanent resident of the United States. **(Provide I-551)**
- 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.

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

Printed Name of Applicant

Applicant Phone Number

SUBSCRIBED AND SWORN
BEFORE ME ON THE
____ DAY OF _____ 20____

NOTARY PUBLIC
My Commission Expires:

Business Name _____

Occupation Tax Certificate /License # _____

MUST COMPLETE THIS FORM IF YOU HAVE 10 OR LESS EMPLOYEES

Business Name _____ **License #/Occupation Tax #** _____

NUMBER OF EMPLOYEES (COMPANY WIDE) _____ (Required for 10 OR LESS EMPLOYEES)

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 _____, ____, 20____, in _____ (city), _____ (state).

Printed Name of Exempt Private Employer

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 _____, 20____.

NOTARY PUBLIC
My Commission Expires: _____

MUST COMPLETE THIS FORM IF YOU HAVE 11 OR MORE EMPLOYEES

Business Name _____ License #/Occupation Tax # _____

NUMBER OF EMPLOYEES (COMPANY-WIDE) : _____ (Required for 11 OR MORE EMPLOYEES)

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)

Date of Authorization

Name of Private Employer

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

Executed on _____, 20__ 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 _____, 20__.

NOTARY PUBLIC
My Commission Expires: _____