



Cobb County Business License Division
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

CHECKLIST 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)

1. The application must be completed **in its entirety** before being accepted by the Business License Division. Each question must be answered; no questions should be left blank. N/A will suffice when the question is not applicable. If you have any questions, please contact our office at 770-528-8410. **Once the application has been completed in its entirety and all requested attachments are included with the application contact us at 770-528-8410 or email businesslicense@cobbcounty.org to schedule an appointment for submittal. Applications are to be submitted in person 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.
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 before 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), and must provide a copy of their government issued ID. All employees that do not possess a Georgia State Massage Therapist license shall obtain a Health Spa permit through **Cobb County Police Permits Unit located at 545 Fairground St., Unit 101, Marietta, Georgia 30060, 770-499-4408.**
6. All applicants must provide original, government-issued, picture identification to the Business License Division to verify identity.

7. Applicants/licensees that are not U.S. Citizens must provide **a copy of your** 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 or the licensee's spouse; other immigration statuses that allow legal entry into the United States are not acceptable for the licensee or the licensee's spouse, but they may be acceptable for shareholders of the corporation.)
8. Provide one (1) passport-size, 2x2 photo of applicant(s)/licensee.
9. All persons that have ownership, including silent partners, in this "non-public" business, and the Licensee, (if different from the owner) will be required to submit a personal statement and attach it to this application. (*The personal statement is pages 13-16 of this application*)
10. 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.
11. Attach a list of the names of all employees, designated managers, and independent contractors, their home addresses, home telephone numbers, places of employment, date of birth, and the duties and services performed. (*use form on page 17*) A copy of the government issued ID, a copy of Georgia State Massage Therapy License (when applicable), and a copy of their completion certificate from massage therapy school **MUST** accompany this application. Any changes in this information shall be filed with the business license office, **within seventy-two hours** of the change.
12. Provide a fully executed copy of a lease and/or sublease, contract, management agreement, or deed for the property. **The ownership of the business applying for the license must be listed as the tenant in the lease.**
13. Provide a floor plan of the establishment.
14. Provide a list of all services offered, and the cost of the services.
15. **\$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.
16. If this application is submitted as a change of ownership, in addition to all the above, an executed (signed) purchase agreement must be submitted with the application.
17. **For your information** – All employees that are not Georgia state licensed massage therapists **MUST** apply for a Health Spa permit. To obtain a Cobb County Health Spa Permit, go to the **Cobb County Police Permits Unit located at 545 Fairground St., Unit 101, Marietta, Georgia 30060, 770-499-4408**. It is the responsibility of the licensee that employees obtain Health Spa permits. Failure of employees to comply will result in prosecution and possible suspension or revocation of business owner's Health Spa license. See attached Cobb County Health Spa Permit requirements per Section 78-299 of the Cobb County Code of Ordinances.
18. Failure to be in compliance with any part of **Section 78-271 through 78-301 of the Cobb County Code of Ordinances** or **State of Georgia O.C.G.A. 43-24A**, may result in suspension, denial, or revocation of the Health Spa license issued by Cobb County.

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 a new application and must receive approval of the new location by the Zoning Department and 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 and all employees that do not possess a Georgia state massage therapist license **MUST** apply for a Health Spa permit. To obtain a Cobb County Health Spa Permit, go to the **Cobb County Police Permits Unit located at 545 Fairground St., Unit 101, Marietta, Georgia 30060, 770-499-4408** within 72 hours 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.

Cobb County
Business License Division
Health Spa Application
Revised 03/06/2025

9. Whose responsibility is it to ensure that all employees have either a Georgia Massage Therapist license or a Cobb County Health Spa permit? _____

10. Date Business will begin. _____

11. Estimated gross receipts for the calendar year. _____

12. Type of Ownership: Sole Proprietor () Partnership () Corporation () LLP () LLC ()

13. **If Sole Proprietor** - Owner's Name: _____

SS# _____ - _____ - _____ Date of Birth: _____

Home Address: _____ Home Phone: _____

City: _____, State: _____ Zip: _____

Email Address: _____

14. If this business is a Corporation, Limited Liability Company, Partnership, or LLP
(*Include additional partners/members on separate attachment*)

Name of Corporation, LLC, Partnership, or LLP: _____

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: _____

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>
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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>
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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>
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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>
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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>
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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 20.

<u>Name of Building Owner</u>	<u>Address</u>	<u>Relation to applicant or owner(s)</u>
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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>
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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>
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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.)*
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27. Have you read and do you understand all the provisions of the **Cobb County Code of Ordinances Sec. 78-271 through 78-301** and the laws of the **State of Georgia O.C.G.A. 43-24A**, regarding massage therapy?
YES NO (circle one)

Do you understand that a state licensed massage therapist MUST be on site, **at all times**, during operating hours?
YES NO (circle one)

28. What procedures do you have in place to ensure that massage therapy services provided will adhere to the Cobb County Code of Ordinances and State Law? **Documentation relating to such procedures MUST be attached and an explanation as to their usage must be written below.**

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

30. How many W2 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.**

31. 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.**

32. 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 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.)

33. Has this location 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)

**COBB COUNTY HEALTH SPA REQUIREMENTS PER SECTION 78-274
OF THE COBB COUNTY CODE OF ORDINANCES**

SEC 78-274- RECORD OF TREATMENTS

It shall be the duty of any person granted a license under this division to maintain correct and accurate records at the place of business of the names and addresses of the persons receiving treatment at such establishment, the type of treatment administered, and the name of the person of the establishment administering such treatment. Records shall also be maintained as required under section 28-275. Such records shall be subject to inspection at any time by any member of the business license office.

Licensee Initials

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)*:_____.

Section 2 *(to be completed by a Zoning Staff member)*

C. What is the Future Land Use Designation?_____

D. What is the zoning of the property (include case # and year)?_____

E. Are there any zoning or variance stipulations that affect the applicant's use of the property?

YES *(attach copy of the minutes)*:_____; NO _____

F. 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 that failure to be in compliance with any part of Section 78-271 through 78-301 of the Cobb County Code of Ordinances may result in suspension, denial or revocation of the Health Spa license issued by Cobb County.

I swear or affirm that I understand the language and requirements of this application and the information provided is true and complete. I understand that I, the owner, licensee, or partner am responsible for all information provided.

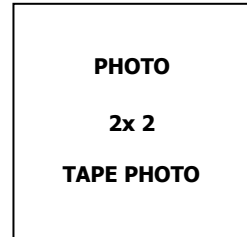
I understand that all signs on my premise must be permitted by the Cobb County Code Enforcement Division (770-528-2180) and the Fire Marshal's Office must be contacted in reference to a Certificate of Occupancy (770-528-2310).

This the _____ day of _____, 20 ____

Signature of Applicant

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

NOTARY PUBLIC _____
My Commission Expires: _____



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 AKA, assumed, additional and 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: _____ Cell Phone Number: _____
Alternate Phone Number: _____
6. Race _____ Sex: _____ Age: _____ Social Security Number ----- _____
7. Date of birth: _____ Place of birth: _____
8. U.S. Citizen by *(please check one)*: Birth _____ Naturalization _____
If naturalized: Certificate No. _____
Date and port of entry: _____

If not a citizen, please complete the following:

Alien Registration no.: _____ Native Country: _____

Employment Authorization no.: _____

MUST PROVIDE ORIGINAL IMMIGRATION DOCUMENTS

9. Are you: *(check one)* Single () Married () Widowed () Divorced () Separated ()

10. If married or separated, complete the information requested below on spouse.

Full name of spouse: _____
 (Include all sir names)

Date of birth: _____ Place of birth: _____

Social Security Number: ----- Wife's maiden name: _____

U.S. Citizen by (please check one): Birth _____ Naturalization _____

If naturalized: Certificate No. _____

Date and port of entry: _____

If not a citizen, please complete the following:

Alien Registration no.: _____ Native Country: _____

Employment Authorization no.: _____

MUST PROVIDE ORIGINAL IMMIGRATION DOCUMENTS

Name of spouse's employer: _____

Address: _____
 City State Zip

Phone number: _____

Unemployed ()

11. List employment for the past five years.

From-To Month/Year	Occupation/Description of Duties Performed	Employer Name	Address/Phone Number	Salary	Reason for Leaving

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 Contendere** 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 that failure to be in compliance with any part of Section 78-271 through 78-301 of the Cobb County Code of Ordinances may result in suspension, denial or revocation of the Health Spa license issued by Cobb County.

I swear or affirm that I understand the language and requirements of this application and the information provided is true and complete. I understand that I, the owner, licensee, or partner am responsible for all information provided.

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 the _____ day of _____, 20____

Signature of Applicant

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

NOTARY PUBLIC
My Commission Expires: _____

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. BY SIGNING THIS FORM, YOU ARE AGREEING TO ALLOW THE COBB COUNTY POLICE DEPARTMENT TO PERFORM A CRIMINAL HISTORY RECORDS CHECK UNDER GCIC PURPOSE CODE E (EMPLOYMENT BACKGROUND CHECK).

FULL NAME PRINTED

STREET ADDRESS

CITY, STATE, & ZIP

SEX

RACE

DATE OF BIRTH

SS NUMBER

ALIEN NUMBER (IF NOT A US CITIZEN)

SIGNATURE

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

NOTARY PUBLIC

My Commission Expires: _____

HEALTH SPA EMPLOYEE LIST

Business Name _____ Business License Number _____

Business Address _____

Section 78-273 of the Health Spa Ordinance states:

It shall be the duty of all licensees under this division to file with the county, through its business license division and/or police department, the names of all employees and designated managers, **their home addresses, home telephone numbers, places of employment, date of birth, their duties and services performed, a copy of their Georgia State Massage Therapy License (when applicable), a copy of their completion certificate from massage therapy school** and any other descriptive information that the business license division or police department may require in its investigation of the establishment and its employees, within 72 hours of employment. **All changes in information shall be filed in writing, via email or via online portal within 72 hours of the change.** *Add additional pages if needed.*

A copy of employees Georgia State Massage Therapy License (when applicable), and a copy of their completion certificate from massage therapy school (when applicable), MUST be attached.

Employee Name: _____	Home Address: _____
Phone Number: _____	Date of Birth: _____
Duties/Services Provided: _____	GA Massage Therapist License: (circle one) NO YES
Completion Certificate from Massage Therapy School: (circle one) NO YES	
Places of Employment: _____	

Employee Name: _____	Home Address: _____
Phone Number: _____	Date of Birth: _____
Duties/Services Provided: _____	GA Massage Therapist License: (circle one) NO YES
Completion Certificate from Massage Therapy School: (circle one) NO YES	
Places of Employment: _____	

Employee Name: _____	Home Address: _____
Phone Number: _____	Date of Birth: _____
Duties/Services Provided: _____	GA Massage Therapist License: (circle one) NO YES
Completion Certificate from Massage Therapy School: (circle one) NO YES	
Places of Employment: _____	

Employee Name: _____	Home Address: _____
Phone Number: _____	Date of Birth: _____
Duties/Services Provided: _____	GA Massage Therapist License: (circle one) NO YES
Completion Certificate from Massage Therapy School: (circle one) NO YES	
Places of Employment: _____	

BUSINESS NAME _____ OCCUPATION TAX CERTIFICATE # _____

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
THIS THE _____ DAY OF _____, 20__.

NOTARY PUBLIC
My Commission Expires: _____

THIS AFFIDAVIT MUST BE COMPLETED
Private Employer Affidavit

BUSINESS NAME _____ **LICENSE/OCCUPATIONAL TAX #** _____

NUMBER OF EMPLOYEES (COMPANY-WIDE) : _____ (required)

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

By executing this affidavit, under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, or occupational tax certificate.

SECTION 1 – Please check either (A) or (B):

(A) _____ On January 1 of the below signed year, the individual, firm, or corporation employed MORE than ten (10) employees.

****** If you select section 1(A), please fill out section 2 and execute below.******

(B) _____ On January 1 of the below signed year, the individual, firm, or corporation employed LESS than ten (10) employees.

SECTION 2

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:

Name of Private Employer

Federal Work Authorization User Identification Number (Also known as E-Verify number)
(An E-Verify number is four to six characters – **This is not your Federal ID Number/EIN**)

Date of Authorization

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: _____

Sec. 78-299. - Work permits.

- (a) *For whom required.* It is the responsibility of the licensee and designee to ensure that the employees required under this Code section obtain and possess the required work permit issued by Cobb County Police Department Regulatory Services Unit prior to working. Employees for the purpose of this section shall include independent contractors. Failure of an employee to possess a work permit as required by this section, shall be unlawful and will subject the employee and licensee to prosecution as provided in this chapter and shall be grounds for suspension or revocation of the license. A permit to work in any of the following establishments shall be required of the following:

(1) All employees of the health spa who are not State of Georgia Licensed Massage Therapists;

(2) All independent contractors of the health spa who do not hold a State License.

(b) *Permit term.* Any work permit issued under this section shall expire 12 months from the date of issuance unless suspended or revoked as provided in this section.

(c) *Possession of permit by employees.* Employees holding permits issued pursuant to this section shall at all times during their working hours have the permits available for inspection.

COBB COUNTY HEALTH SPA WORK PERMIT AFFIDAVIT

I, _____, licensee for _____, located at _____, applying for a Cobb County Health Spa License, do hereby swear or affirm that all employees and independent contractors prior to working in my establishment, will have a valid Cobb County Health Spa permit as required by the attached Section 78-299 of the Cobb County Code of Ordinances which I have initialed, indicating that I have read it and understand its provisions.

All statements in this affidavit are true and made this the _____ day of _____, 20____

Signature of Licensee

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

NOTARY PUBLIC _____
My Commission Expires: _____

**AFFIDAVIT ATTESTING TO COMPLIANCE WITH THE COBB COUNTY
HEALTH SPA CODE OF ORDINANCES**

I, _____, (*check one*) () owner, () licensee, () partner, for
_____, located at _____,

applying for a Cobb County Health Spa License, do hereby I swear or affirm that I understand the language and requirements of this application and the information provided is true and complete. I understand that I, the owner, licensee, or partner am responsible for all information provided.

I also understand that failure to be in compliance with any part of Section 78-271 through 78-301 of the Cobb County Code of Ordinances may result in suspension, denial, or revocation of the Health Spa license issued by Cobb County.

All statements in this affidavit are true and made this the _____ day of _____, 20____

Signature of (*check one*) () owner, () licensee, () partner with 20% or more ownership

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

NOTARY PUBLIC _____
My Commission Expires: _____

RECORD OF TREATMENTS

This form must be completed in its entirety and must be completed in English.

BUSINESS NAME:				
DATE	CUSTOMER NAME	SERVICE PERFORMED	COST OF SERVICE	EMPLOYEE NAME