OCCUPATIONAL TAX APPLICATION FOR MASSAGE SERVICES

City of Loganville Occupational Tax Office
4303 Lawrenceville Road
Loganville, GA 30052

Web: www.loganville-ga.gov/business
Email: pjones@loganville-ga.gov
Phone: 770.466.1165

COMPLETE ALL SECTIONS

APPLICANT

Last (Family) Name:	**First (Given) Name**	**Middle Name**	
Phone:	**Email:**		
Date of Birth:		**Social Security Number:**	
Height:	**Weight:**	**Hair Color:**	**Eye Color:**

GENERAL BUSINESS INFORMATION

Legal Business Name / DBA		
Business Site Address		
Business Mailing Address (if different)		
Date began operation:	**Business Phone:**	
County: ☐ Walton ☐ Gwinnett	**Number of Employees:**	
Business Type: ☐ **For Profit** ☐ **Non-Profit**	**Residential Business?** ☐ **Yes** ☐ **No**	**Internet Business?** ☐ **Yes** ☐ **No**
Business Classification: ☐ **Sole Proprietorship** ☐ **Corporation (to include LLC)** ☐ **Partnership** ☐ **Other :**_____		
Name of Corporation, LLC, Partnership:		
Date of Formation or Incorporation:	**State of Formation or Incorporation:**	
Corporate Address:		
Business EIN:	**Georgia Tax ID:**	**Georgia Sales Tax ID:**
Has this entity (person, corporation, partnership) previously owned or operated a business Within the city of Loganville in the past? ☐ Yes ☐ No		
If yes, please provide name of business, location, and dates of operation:		

Notice: All businesses are subject to audit by the City of Loganville. If selected for audit pursuant to City Ordinance §10-45(d), a business must provide prior year tax returns and/or other evidentiary documentation to supported reported gross receipts and revenue.

[APPLICATION CONTINUES]

APPLICANT AND EMPLOYEE INFORMATION (add additional sheets, if needed)

Note: If the applicant is a corporation or partnership, this information must be provided for each employee, agent, or partner, general or limited. (§ 10-102(c))

1	**Last Name:**		**First Name:**	**Middle Name:**
	Home Address:		**City, State, ZIP**	
	Telephone Number:		**Is this employee a massage therapist / technician?** ☐ **Yes** ☐ **No**	
	Height:	**Weight:**	**Hair Color:**	**Eye Color:**
	Aliases, nicknames, pseudonyms, or trade names used by the employee:			
	Current and all previous business and residence addresses for the two years immediately preceding the date of application (current home address is listed above and may be omitted):			
	Date of Birth:		**Age (proof of age must be attached):**	
	Business, occupation, or employment for three years immediately preceding the date of application:			
	Any massage or similar business license history, including whether such person, in any previous operation in any jurisdiction, has had such a license revoked or suspended, the reason therefor, and any business activity or occupation subsequent to the action of suspension or revocation.			
	List all convictions of violations of any laws and the grounds therefor.			

☐ **The applicant and all employees must provide two current photographs at least two inches by two inches in size. (City of Loganville Ordinance § 10-102(b)(5))**

☐ **The applicant and all employees shall be fingerprinted by the city, and such fingerprint card and record shall be attached as an exhibit to the application. (City of Loganville Ordinance § 10-102 (b)(9))**

Note: Changes in this information for employees who are not massage technicians/therapists must be filed withing three days of the date of change (City of Loganville Ordinance § 10-70)

COMPLETE A PAGE FOR THE APPLICANT, EACH EMPLOYEE, AND OTHERS AS REQUIRED BY THE ORDINANCES OF THE CITY OF LOGANVILLE

STATE LICENSING REQUIREMENTS
Any natural person applying for a license to operate a massage establishment must be a licensed massage therapist or must have a provisional permit to operate as a massage therapist. A partnership or corporate applicant must show that all partners, general or limited, and all employees or agents possess the same license and/or permit. (City of Loganville Ordinance § 10-103(a)(1))

☐ **Copies of all licenses and/or provisional permits are attached.**

CORPORATE REQUIREMENTS (if applicable)
If the applicant is a corporation, in addition to the information required in this section, such corporation shall submit a complete list of the stockholders of the corporation, including names, current addresses and current occupations. (City of Loganville Ordinance § 10-102(d))

☐ **A complete list of stockholders of the corporation, including names, current addresses, and current occupations is attached.**

☐ **The applicant is not a corporation.**

The most recent corporate filing with the Georgia Secretary of State must be attached, showing the corporate applicant is chartered under the laws of the state or authorized by the Secretary of State to do business in the state. (City of Loganville Ordinance § 10-103(a)(2))

☐ **The most recent Secretary of State filing is attached.**

☐ **The applicant is not a corporation.**

ACKNOWLEDGEMENTS (initial by each)

_____ **Massage Businesses in the city of Loganville are required to comply with State Law (O.C.G.A. §43-24A-1 et seq.) and City of Loganville Ordinances (Article III, Chapter 10, of the Ordinances of the City of Loganville). The local ordinances are provided to the applicant at the time of application.**

_____ **No license shall be issued unless the application and all the attached documentation and exhibits have been filed by the applicant, and in no case shall the license be issued where it appears that the application has been materially falsified, or where the applicant has deliberately sought to falsify any information contained therein. (City of Loganville Ordinance § 10-103(b))**

_____ **Massage businesses may only operate between the hours of 7:30 AM and 9:30 PM. (City of Loganville Ordinance § 10-71)**

_____ **All persons engaged in massage must have a massage therapist license or provisional permit issued by the State of Georgia. (City of Loganville Ordinance § 10-101)**

CERTIFICATION

I, _____, being the _____, of
Full Name Title
the business firm named, do hereby register to operate said business with the dominant business activity of a massage establishment.

Pursuant to the ordinance, the undersigned certifies that he/she is the person duly authorized by the business herein named to file this registration and application for an occupational tax certificate, including the accompanying schedules and statements, and that the same are true. The occupational tax certificate does not authorize the selling or serving of alcohol. All applicable businesses must obtain a separate alcohol license.

Applicant Signature	Title	Date

Note: A partnership requires the signatures of all partners. Add additional sheets as necessary.

Businesses are required to submit a notarized SAVE affidavit, a notarized E-Verify affidavit and a copy of the applicant's government-issued identification as part of the application process along with 501(c)(3) determination if registered as a non-profit. An occupational tax certificate will NOT be issued until full compliance is achieved. For more information, visit the city's website at www.loganville-ga.gov/business.

FOR OFFICIAL USE ONLY

Amount Due – to include the $500 investigative fee.	**SIC Code**	**Account #**	**Class**
Date Paid	**Taken By**	**Certificate is good for the year _____**	
Zoning Classification	☐ **Approved** ☐ **Denied**		