



## CITY OF ATLANTA POLICE DEPARTMENT GYMNASIUM/HEALTH/MASSAGE SALON INFORMATION SHEET

Applications must be signed, dated, notarized and filed in the License & Permits Unit. This department is located at the City of Atlanta Police Annex, 3493 Donald Lee Hollowell Pkwy, Atlanta, Georgia 30331.

- 1. Duplicate Applications** Answer all questions appropriately and in detail, legibly, in black ink and typed.
- 2. Personal History Form** One personal history card, one fingerprint per applicant (each individual involved in the ownership or first five (5) officers of a corporation *and* the license/agent) must be filled out completely, signed and fingerprinted.
- 3. Lease of Valid Document** Shows applicant has legal access to proposed premises (deed, sublease, rental agreement, letter of intent).
- 4. Photograph** Two (2) small photos, size 2X2
- 5. Corporate Papers** Attach a copy of corporate charter and by laws which have been properly signed by the Secretary of State and the registered agent(s) for the corporation. List all percentages held and the title of each officer on the application.
- 6. Letter of Reference** May be furnished by any three (3) persons who have known the applicant (agent) for at least three (3) years. Include name, address & phone number.
- 7. Financial Investments** All applicants must furnish, at time of filing, documentation of all financial investments pertaining to the business operation. (If documents are bank statements, the six months immediately preceding the investment are required).

If there are any questions concerning the completion of these applications, please call the License and Permits Office for assistance (404) 546-4470. Call for an appointment for filing the application(s). Applications are taken by appointment only. **Note: Payment for fees will be accepted only in the form of a cashier's check or money order. All application fees are non-refundable.**



**ATLANTA POLICE DEPARTMENT  
PERSONAL HISTORY RECORD**

PERMIT TYPE: \_\_\_\_\_ DATE: \_\_\_\_\_

Name in FULL (Please Print) \_\_\_\_\_ Date: \_\_\_\_\_

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

Place of Birth \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
(City, State) (Day, Month, Year)

Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Have you been convicted of any law? Federal: \_\_\_\_\_ Foreign Country: \_\_\_\_\_ State Law: \_\_\_\_\_  
City Ordinance: \_\_\_\_\_ if so, explain: \_\_\_\_\_

List names and addresses of employers for the past three (3) years: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Finger printed by: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**CRIMINAL HISTORY CONSENT**

I hereby authorize the Atlanta Police Department/License and Permits Unit to receive any criminal history record information pertaining to me which may be in the files of any state local criminal justice agency in Georgia. I also acknowledge that any information I provide on this application can be made publicly available under the Georgia Open Records Act O. C. G. A. 50-18-70.

Have you ever been charged or convicted of any violation of the law? ( ) Yes ( ) No

Date of Occurrence: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Disposition: \_\_\_\_\_ Explain: \_\_\_\_\_

I DO HEREBY SWEAR OF AFFIRM THAT THE FOLLOWING IS TRUE AND CORRECT UNDER PENALTY OF  
CITY ORDINANCE 106-90. (SIGNATURE) \_\_\_\_\_

SAVE Affidavit



CITY OF ATLANTA AFFIDAVIT  
VERIFYING STATUS FOR RECEIPT OF PUBLIC BENEFIT  
SUBMITTED TO DEPARTMENT OF POLICE/LICENSE AND PERMITS

By executing this affidavit under oath, as an applicant for a City of Atlanta Contract, Business License or Georgia Occupation Tax Certificate, Alcohol License, Taxi Permit, Insurance Company License or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Atlanta public benefit:

For: \_\_\_\_\_.

[Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity]

1) \_\_\_\_\_ I am a United States Citizen

OR

2) \_\_\_\_\_ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.\* All non-citizens must provide their Alien Registration Number below.

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 Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant:

Date:

\_\_\_\_\_

\_\_\_\_\_

Printed Name:

\_\_\_\_\_

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE

\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_

\*

\_\_\_\_\_  
Alien Registration number for non-citizens

\*Note: O.C.G.A. § 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien," legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

\_\_\_\_\_



APPLICATION FOR PERMIT TO OPERATE A:

3493 Donald Lee Hollowell Parkway  
Atlanta, Georgia 30331

- Health Establishment
- Gymnasium Establishment
- Massage Establishment

All applications must be typed or legibly printed in black ink. Each question must be answered completely and correctly. If the space provided herein is not sufficient, attach additional information. Applications must be signed, dated notarized and filed in the License and Permits Office. This department is located at 3493 Donald Lee Hollowell Parkway Atl., Ga.

1. Is applicant: ( ) Sole Proprietorship ( ) Partnership ( ) Corporation
2. (A) Legal name of business: \_\_\_\_\_  
  
(B) Operating / Trade name of business: \_\_\_\_\_
3. Type of Business: \_\_\_\_\_  
  
Location of Business: \_\_\_\_\_  
  
City \_\_\_\_\_ State \_\_\_\_\_
4. Proposed Location Zoned as: \_\_\_\_\_
5. If property rented, owner(s)  
Name, Address and Phone: \_\_\_\_\_  
  
\_\_\_\_\_
6. Business Telephone Number(s): \_\_\_\_\_
5. Full name of Applicant: \_\_\_\_\_
6. Full name of licensee / agent: \_\_\_\_\_  
  
Residence address: \_\_\_\_\_  
  
\_\_\_\_\_
- City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_
- Telephone number: Home \_\_\_\_\_ Business \_\_\_\_\_
- Social Security Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_
- Place of Birth: \_\_\_\_\_
- Permanent Resident Alien Number: \_\_\_\_\_
- Citizen of the USA?  YES  NO
- Resident of Georgia?  YES  NO
- Number of years as residence of Georgia \_\_\_\_\_ County \_\_\_\_\_

7. List duties of Licensee/Agent: \_\_\_\_\_

8. Number of hours Licensee/Agent will actively be on the premises: \_\_\_\_\_

Hours of operation: From \_\_\_\_\_ (AM) until \_\_\_\_\_ (PM)

9. Licensee/Agent business Occupation(s), and/or Employer(s) for the past ten (10) years:

Date	Company	Address (City & State)	Position	Interest
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Date	Company	Address (City & State)	Position	Interest
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10. Bank accounts and assets in the name of the Licensee/Agent and/or maintained by the Licensee/Agent whether individual, partnership or corporation:

Type of Acct: \_\_\_\_\_ Account Number \_\_\_\_\_

Bank \_\_\_\_\_

Address \_\_\_\_\_

Amount: \_\_\_\_\_

Type of Acct: \_\_\_\_\_ Account Number \_\_\_\_\_

Bank \_\_\_\_\_

Address \_\_\_\_\_

Amount: \_\_\_\_\_

11. Full name of manager: \_\_\_\_\_

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

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Business: (\_\_\_\_\_) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Full name of Spouse, including maiden name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

12. If a Corporation or Partnership, indicate the following for all officers, members of the Board of Directors, Trustees and Principal Stockholders (If Partnership, include all Partners):

Name Position/Interest.	Address	DOB/SSN
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of Corporation: \_\_\_\_\_

Date of Incorporation: \_\_\_\_\_

Name of Registered Agent: \_\_\_\_\_

List sales and disposition of any corporate assets: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

13. What is the cost of your lifetime membership? \_\_\_\_\_

14. List any financial interest or ownership which Licensee/Agent or any member of the Partnership or Corporation or Stockholder presently has in any alcoholic beverage license:

Date	Name	Location of Premises	Position/ Interest

15. Does Licensee/Agent, Manager or any Partner(s) or any Corporate Officer(s) or Principal Shareholder or Trustee(s) or Spouse have any conviction for the violation of any Federal, State, or Local law(s), Ordinance(s), or Regulation(s), within the last ten (10) years?

YES  NO

16. Does Licensee/Agent, Manger or any Partner(s) or any Corporate Officer(s) or Principal Shareholder or Trustee(s) or Spouse have current proceedings pending for violation of any Federal, State, or Local Law(s), Ordinance(s), or Regulation(s)?

YES  NO

17. For the purpose of this question, the term "CONVICTION" shall include an Adjudication of Guilt, a plea of Guilty, a plea of Nolo Contendere, or Forfeiture of a bond.

Person Charged	Date	Offense	Location (City, State)	Disposition

18. State the amount and source of money that has or will be invested by each individual who has an Interest in the business. If a corporation or partnership, list each individual separately.

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19. Identify and list all assets which will be used or converted for use as an investment in the business: \_\_\_\_\_

20. Are you familiar with the City of Atlanta Ordinances, State Laws and Regulations governing the operation of one of the following establishment(s)?

Health Establishment                       Gymnasium                       Massage Establishment

21. Do you agree to abide by such Ordinances, Laws and Regulations?  YES    NO

22. Attach a list of name(s) and address(es) of all employee(s) of this establishment.

I, \_\_\_\_\_, being duly sworn accordingly to law, do swear that the facts and things stated by me in the foregoing answers to questions are true, and no false or fraudulent statement has been made (herein that such answers were made in order to procure the granting of such license).

\_\_\_\_\_  
Signature of Licensee/Agent

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

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

\_\_\_\_\_  
Signature and Title of person other than Licensee/Agent filling out this application

(\_\_\_\_\_) \_\_\_\_\_  
Telephone Number

Investigator/Inspector: \_\_\_\_\_

Date Received: \_\_\_\_\_