



Business Licenses
1975 Lakeside Pkwy, Suite 350-B
Tucker, Georgia 30084
(678) 597-9040
licenses@tuckerga.gov
www.tuckerga.gov

NEW BUSINESS CHECKLIST MASSAGE THERAPY

In addition to the application requirements listed below, Message Establishments and Health Spas must meet all applicable City codes. Per Tucker's Zoning Ordinance, a Special Land Use Permit (SLUP) is required to open a Massage Establishment or a Health Spa in the City of Tucker. **A SLUP must be obtained before a business license can be issued.** Please contact jechols@tuckerga.gov with Planning & Zoning to learn more about the SLUP application and process.

(Free Notary Services Provided at City Hall Annex)

- ☐ **Valid picture Government I.D. (ex: Drivers Licenses, Passport)**
- ☐ **Proof the owner, applicant, or corporate agent is a resident of the State of Georgia.**
- ☐ **Owner must apply in person**
*If a representative from the company is applying, the owner must provide them with a copy of their picture identification and a notarized letter stating authorization of said individual as representative of the company
- ☐ **Commercial Lease, Sales agreement or Property/Warranty Deed**
- ☐ **DeKalb County Sanitation Location Account (10 digit #)**
- ☐ **Copy of State License**
- ☐ **Copy of GA Secretary of State Articles of Incorporation (if applicable)**
- ☐ **SAVE Affidavit Verifying Lawful Presence (Notarized)**
- ☐ **Private Employer Affidavit of Compliance – E-Verify (Notarized)**
- ☐ **Permanent Resident 'Green' Card – (Non-U.S. Citizens Only)**
- ☐ **Federal Identification Number OR Social Security Number**
- ☐ **Fire Life Safety Inspection/Certificate of Completion (Performed by DeKalb County Fire Marshal)**
*Refer to the Occupational Tax Certificate routing sheet. Certificate of Completion and approval will be submitted to the City by DeKalb County.
- ☐ **Watershed Management Approval**
*Refer to the Occupational Tax Certificate routing sheet. Approval to be obtained from DeKalb County by the applicant and then submitted to the City
- ☐ **Copy of FOG Inspection Report**
*If applicable, report to be submitted by applicant to City
- ☐ **Health Report from DeKalb County Health Dept.**
*Applicant to call Board of Health at 404.294.3700 to request inspection
- ☐ **Sworn affidavits of at least three (3) bona fide residents of the City of Tucker that the applicant is personally known to them and they believe the person to be of good moral character**
- ☐ **Written proof that the applicant is over the age of eighteen (18) years**
- ☐ **Two (2) current photographs of the applicant at least two (2) inches by two (2) inches in size**
- ☐ **Records of any and all convictions, pleas of guilty, or pleas of nolo contendere for violations of any law and the grounds therefor**
- ☐ **The applicant shall agree to a background check**
*DeKalb County Police will contact applicant to set up time for fingerprinting and background check
- ☐ **If the applicant is a corporation or partnership, such corporation or partnership shall submit the foregoing information and exhibits with regard to each employee, independent contractor agent and partner, general or limited, associated with the operation of the licensed establishment.**
- ☐ **If the applicant is a corporation, such corporation shall, in addition to the foregoing information, submit a complete list of the stockholders of said corporation, including names, current addresses and current occupations, and provide the name and address for its registered agent in DeKalb County, Georgia.**
- ☐ **If the applicant is an individual, the applicant must reside in the State of Georgia and must submit written, reliable proof thereof. Additionally, if the applicant does not reside in Tucker, the applicant must provide the name and address for an agent who resides in DeKalb County authorized to receive legal process and notices under this article on behalf of the applicant.**

A list of all services that will be proposed as part of this business use

City of Tucker minimum standards for massage therapy (Section 10-301).

(a) Massage establishment. No applicant shall be issued a license for a "massage establishment" unless all of the following standards are first met:

- (1) The applicant, including the partner applying on behalf of a partnership and an agent applying on behalf of a corporation, must be of good moral character. No applicant shall be found to have met this requirement if said applicant has been convicted, pled guilty, or entered a plea of nolo contendere to any felony, or to any misdemeanor involving moral turpitude, within a period of four (4) years prior to the filing of the application;
- (2) A corporate applicant must be chartered under the laws of Georgia or authorized by the Secretary of State to do business in Georgia. The applicant shall be the owner or legal agent of the establishment. The corporate applicant must identify an agent for service of process in Tucker;
- (3) The owner/applicant, or corporate agent must be a resident of the State of Georgia;
- (4) A readable sign shall be posted at the main entrance identifying the establishment as a massage establishment, provided also that all such signs shall comply with the sign requirements of the Tucker City Code;
- (5) Minimum lighting shall be provided in accordance with the Uniform Building Code, and, additionally, at least one (1) artificial light of not less than forty (40) watts shall be provided in each enclosed room or booth;
- (6) Ordinary beds or mattresses shall not be permitted in any licensed massage establishment;
- (7) Minimum ventilation shall be provided in accordance with the Standard Mechanical Code and the Georgia Energy Code; and
- (8) The establishment, prior to the issuance of any license hereunder, must be in compliance with all applicable building and life safety codes, and the building to be occupied must have a valid, current certificate of occupancy.

*A floor plan of the building must be provided to ensure compliance with a.4-7

In addition to a Special Land Use Permit, all massage establishments and health spas must comply with the supplemental regulations found in Section 46-1202 of the City of Tucker Zoning Ordinance.

Section 46-1202: Massage Establishment (includes health spas that offer massage services).

The following regulations apply to massage establishments:

- A. The presence of any device used as an early warning system to alert the employees of a massage establishment to the presence of law enforcement officers or city authorities on the premises is prohibited in any massage establishment.
- B. If a receptionist is present, the public entrance door of the massage establishment and the doors of all massage rooms or cubicles must remain unlocked during any time the establishment is occupied. In the absence of a receptionist, the public entrance may be locked as long as fire safety requirements are met (panic bar, no deadbolt, etc). Individual massage therapy rooms shall not be locked.
- C. All massage establishments must display the following documents at all times in a clearly visible place:
 1. State Licenses
 2. Local Business License
- D. Massage businesses may open no earlier than 6:00 a.m. and close no later than 11:00 p.m. Any massage must be completed by 10:00 p.m.
- E. The exterior windows of the lobby/reception/entrance area may not be covered by curtains, closed blinds, tints or any other material that obstructs the view into the premises. No signs may cover more than 30% of any windowpane.

Please read the following and sign below:

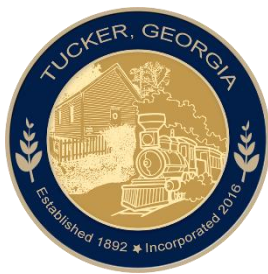
I have read and understand the requirements of **Chapter 10 Article VII and Section 46-1202**. This includes but is not limited to the following. Please check the box as indication that you understand.

- ☐ All licenses issued pursuant to Article VII are nontransferable.
- ☐ Any massage establishment who has his or her or its license or permit revoked shall be disqualified from reapplying for such a license or permit for a period of twelve (12) months immediately following the date of revocation.
- ☐ Any location at which a license or permit for a massage establishment has been revoked shall be disqualified from receiving such a license or permit for a period of twelve (12) months immediately following the date of revocation.
- ☐ Chapter 10, Article VII: *Massage Therapy Licensing*
- ☐ Chapter 46, Article IV, Section 46-1202: *Massage Establishment* (includes health spas that offer massage services)

Print Name

Sign Name

Date



City of Tucker Affidavit for Massage Therapy

Applicants pursuing a business license for Massage Therapy are required to provide sworn affidavits of **at least three (3)** bona fide residents of the City of Tucker that the applicant is personally known to them and they believe the person to be of good moral character. Please have three separate forms completed and submitted.

I, _____, reside in the City of Tucker at (address) _____
_____.

I, _____, personally know (the applicant) _____, who is
applying for a business license for massage therapy at (business address) _____
_____.

I, _____, believe (the applicant), _____, to be of good
moral character.

Printed Name of Tucker Resident

Signature of Tucker Resident

Date



INSTRUCTIONS: Please complete all sections of this form. Return complete application along with all required document to the Finance Department.

The State of Georgia requires a notarized SAVE and E-Verify to issue a valid business license.

All business licenses expire annually on December 31st. Business licenses must be renewed annually, on or before April 15th.

Business Tax Account Information

APPLICATION TYPE: ☐ NEW BUSINESS ☐ CHANGE OF ADDRESS ☐ CHANGE OF OWNERSHIP ☐ NAME CHANGE

1. Legal Name of Business		2. Trade Name (DBA)	
3. Business Location Address			3a. Space is: <input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Subleased/Shared
4. Mailing Address			5. Business Phone
5a. Business Website			5b. Type of Business <input type="checkbox"/> Home-Based <input type="checkbox"/> Commercial
6. On-site Contact (if other than owner)		6b. Phone	6c. E-mail
7. Owner Name		7a. Owner Phone	7b. Owner E-mail
8. Type of Business: <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Owner <input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit <input type="checkbox"/> Other (please specify):		9. Six-digit NAICS # www.naics.com	10. FOR OFFICE USE Tax Class _____ Rate _____
11. Square footage of the building or suite?	11a. MOVE IN: <input type="checkbox"/> AS IS <input type="checkbox"/> with ALTERATIONS	12. Sanitation Location #	13. Business start date in City of Tucker:
14. Federal Employer ID# (FEIN)	The Federal Employee Identification Number is required for business entity types except for Sole Proprietors. Assigned the Internal Revenue Service at http://www.irs.gov		15. E-Verify # (4-6 Digits) / Date obtained If 11 or more employees, please provide E-Verify number.
16. Estimated Gross Receipts	All businesses are subject to Audit by the City of Tucker Department of Finance. If selected for audit, Pursuant to City Ordinance Chapter 16-30, businesses must attach a copy of their prior year tax return (IRS forms 1120, 1065, or Georgia Forms 500 through 700).		17. Number of Employees

PLEASE LIST PRINCIPAL OFFICERS OF BUSINESS

18. Name	Address	Phone	SS# (Last 4 Digits Only)
19. Name	Address	Phone	SS# (Last 4 Digits Only)

Certification

The information herein is required by Section 16 27 in the Code of Ordinances of the City of Tucker.

I, 20. Full Name	, being the	21. Title
of the business firm named, do hereby register to operate said business with the dominant business activity of		22. Primary Business Activity
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 a business license, including the accompanying schedules and statements, and that the same are true. The business license does not authorize the serving of alcohol. All applicable businesses must obtain a separate alcohol license. A partnership requires both signatures.		
Applicant Signature	Title	Date
Applicant Signature	Title	Date

PENALTIES

The City of Tucker shall assess a penalty in the amount of ten percent (10%) of the amount owed for each calendar year or portion thereof for:

- Failure to pay occupation taxes and administrative fees when due;
- Failure to file an application no later than April 30 of any calendar year, when the business or practitioner was in operation the preceding calendar year.

Delinquent taxes and fees are subject to interest at a rate of 1 percent per month.

Issuance of a business occupational tax certificate is not to be considered as an approval of said business use and in no way confirms that said business meets the requirements of the City of Tucker Zoning Ordinance or the conditions of zoning approval.

Any incidence of "nonconformity" relating to the above zoning requirements will subject the certificate holder to possible revocation of the certificate.

Parcel ID #	Lot	District	Zoning District	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
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The Zoning Enforcement Division processes business license applications to verify if a business can exist in the desired location. Zoning conducts research to verify that there is permitted use based on the district regulations. Some licenses may require site inspections or further research to determine approval, which will require additional days to review.



City of Tucker

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Systematic Alien Verification for Entitlements Program

(SAVE) Affidavit Verifying Lawful Presence within the United States

SECTION 1

I, (print name) _____, swear or affirm under penalty of perjury that (check one):

- ☐ I am a United States citizen (**State of Federal Issued Photo ID**)
- ☐ I am a legal permanent resident of the United States (**Permanent Resident or Authorization Card**)
- ☐ I am a qualified alien or nonimmigrant under the Federal Immigration and Nationality Act 18 years of age or older lawfully present in the United States.

I am applying for the following public benefit (check one):

- ☐ Alcoholic Beverage License for _____
Print Business Name
- ☐ Alcohol Employee Pouring Permit
- ☐ Occupational Tax Certificate
- ☐ Door-to-Door Salesmen/Solicitors Permit
- ☐ Other: _____
Public Benefit

X

SIGNATURE OF APPLICANT

**Must be signed in the presents of a Notary*

Name of Business (if applicable)

ALIEN REGISTRATION NUMBER

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that the state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit.

**10 employees or less - Proceed to Section 3 for Notary.*

E-Verify (PRIVATE EMPLOYER AFFIDAVIT) SECTION 2

The Georgia Department of Law is a registered participant in the federal work authorization program commonly known as E-Verify, and uses such program to verify employment eligibility of all employees hired on or after July 1, 2007

☐ EMPLOYER DOES NOT EMPLOY MORE THAN TEN EMPLOYEES – Proceed to notary section

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 **employs more than ten employees** and 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. § 13-10-90. 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

NAME OF PRIVATE EMPLOYER

DATE OF AUTHORIZATION

For more information on E-Verify: <https://www.e-verify.gov> or <https://law.georgia.gov/e-verify>

ALL APPLICANTS MUST SIGN BELOW, NOTARIZE, AND THEN RETURN THIS AFFIDAVIT WITH APPLICATION/PAYMENT TO OBTAIN YOUR BUSINESS TAX CERTIFICATE.

In making the above representation under oath, I understand that any person who knowingly and willfully making a false, fictitious, or fraudulent statement of representation in this affidavit shall be guilty of a violation of Code Section §16-10-20 of the Official Code of Georgia and face criminal penalties by such statute.

Executed on the _____ day of _____, 20____ in _____ (city), _____ (state)

Print Name and Title of authorized Officer or Agent

X

Signature of Authorized Officer or Agent **Must be signed in the presents of a Notary*

SECTION 3

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

Notary Signature

My commission expires: _____ / _____ / _____

NOTARY SEAL



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Tucker, GA 30084
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Background Investigation Consent Form

With regard to my application for alcoholic beverage license, I hereby authorize the **City of Tucker Finance Department** to receive any background record information pertaining to me, which may be in the files of any federal, state, any 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.

Last Name	First Name	Middle Name
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Home Street Address

City	State	Zip
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_____ Sex	_____ Race	_____/_____/_____ Date of Birth	_____ Social Security Number
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Signature	Date
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(Not Valid after more than 90 days)

NON-CRIMINAL JUSTICE APPLICANT'S 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 non-criminal 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 an 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 § 35-3-35(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](http://gbi.georgia.gov/obtaining-criminal-history-record-information) (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

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-record-information>).

Applicant's Signature

Date



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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.

Applicant's Signature

Date

Resolution of the City of Tucker, Georgia To Provide for an Inclusive, Fair and Welcoming City

WHEREAS, the Mayor and City Council of Tucker recognize the importance of embracing our City's diversity; and

WHEREAS, the Mayor and City Council of Tucker desire to ensure that all persons within the City have equal access to employment, housing, and public accommodations; and

WHEREAS, it is the purpose and intent of the Mayor and City Council of Tucker to protect and safeguard the right of all persons to be free from all forms of discrimination in regard to employment, housing, and public accommodations; and

WHEREAS, the Mayor and City Council of Tucker affirm Federal laws and those of the State of Georgia that define illegal forms of discrimination, including case law decided by the Supreme Courts of the United States and the State of Georgia,

Now therefore be it Resolved, that the Mayor and City Council of Tucker adopt this Statement of Values providing for an inclusive, fair and welcoming City:

People of every sex, sexual orientation, gender identity, race, color, age, physical/mental ability or disability, national origin, religion or beliefs, marital status, familial status, veteran or military status, who seek its peace and prosperity, are welcomed and encouraged to reside, work, recreate and worship in the City of Tucker; and

Discrimination by any individual or organization, whether public or private, based upon any person's actual or perceived sex, sexual orientation, gender identity, race, color, age, physical/mental ability or disability, national origin, religion or beliefs, marital status, familial status, veteran or military status, will not be tolerated in the City of Tucker; and

The health, safety and welfare of the City of Tucker increases when we regard and treat each other with respect, kindness and love; and

We add to the quality of life in the City of Tucker when we endeavor at every turn to gain understanding from our diverse backgrounds, experiences and individuality, and strength from our shared values of being inclusive, fair and welcoming.

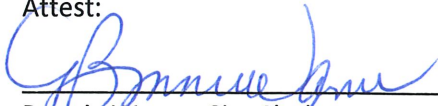
Be it further resolved, the City Manager will cause this resolution to be distributed immediately through all communication channels operated by the City of Tucker; and

Business owner retain this copy for your records

Be It further resolved, the City's Finance Director will ensure that a copy of this resolution be distributed to every holder of an Occupational Tax Certificate within the City of Tucker at least once per year.

So Resolved and adopted this 12th day of October 2021

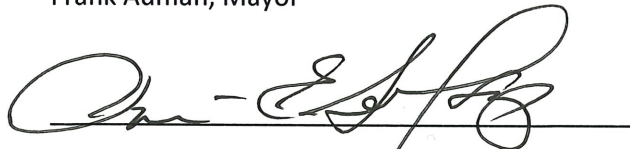
Attest:

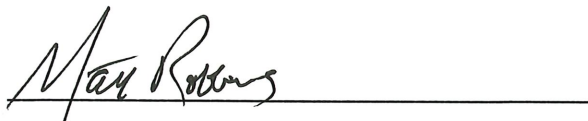

Bonnie Warne, City Clerk

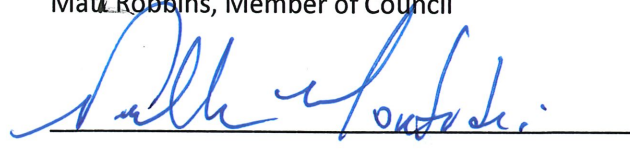


Signed


Frank Auman, Mayor


Pat Soltys, Member of Council


Matt Robbins, Member of Council


Noelle Monferdini, Member of Council


Anne Lerner, Member of Council


Michelle Penkava, Member of Council