



Tax Commissioner's Office  
 188 Third Street  
 Macon, Georgia 31201  
 Mail to: Tax Commissioner's Office  
 PO Box 4503  
 Macon, GA 31206-4503

**MESSAGE THERAPIST/PARLOR APPLICATION**

New License       Renewal       Transfer of Location       Transfer of Ownership  
 Application Fee: \$150.00      \*Renewal Fee: \$150.00

*\*Note: Unpaid renewal fees, plus penalty & interest for previous year(s) must be paid prior to current year fees being applied.*

Name of Business \_\_\_\_\_ Business Telephone \_\_\_\_\_

Address of Business \_\_\_\_\_  
P O Box not acceptable      City / State Zip

**AGENT / OWNER INFORMATION**

AGENT NAME: _____	OWNER NAME: _____
AGENT ADDRESS: _____	OWNER ADDRESS: _____
AGENT TELEPHONE: _____	OWNER TELEPHONE: _____
AGENT DATE OF BIRTH: _____	OWNER DATE OF BIRTH: _____
MAILING ADDRESS: <i>(If Different From Business Address)</i> _____	OWNER / AGENT'S EMAIL ADDRESS: _____

**CERTIFICATION**

I (APPLICANT) \_\_\_\_\_ BEING THE (TITLE) \_\_\_\_\_  
(PRINT NAME)      (EX; OWNER/PRESIDENT/MANAGER/AGENT)  
 hereby certify the above information to be true, correct, and I have read and understand the application procedure and understand that I will not open or conduct any business until my license has been **issued or renewed** at this location.

APPLICANTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SUBSCRIBED AND SWORN BEFORE ME ON  
 THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

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

\_\_\_\_\_  
 My Commission Expires

**\*\*\*If license is not issued within 90 days of the above date, you must reapply\*\*\***

## Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby give consent for the   BIBB SHERIFF'S OFFICE   to conduct an inquiry and receive any Georgia criminal history record information pertaining to me which may be contained in the files of any state or local criminal justice agency in Georgia.

<b>Full Name (print):</b>			
<b>Address:</b>			
<b>Sex</b>	<b>Race</b>	<b>Date of Birth</b>	<b>Social Security Number</b>

This authorization is valid for 90/180/\_\_\_\_\_ (circle one) days from date of signature.

I, \_\_\_\_\_ give consent to the above name to perform periodic criminal history background checks for the duration of my employment with this company.

\_\_\_\_\_  
Signature Date

Date of Inquiry: \_\_\_\_\_ Time of inquiry: \_\_\_\_\_

Operator's initials: \_\_\_\_\_

Purpose Code used: (check one):

	<b>Employment (E)</b> - Provides <i>Georgia</i> Criminal History Record Information
	<b>Employment with Mentally Disabled (M)</b> – Provides <i>Georgia</i> Criminal History Record Information
	<b>Employment with Elder Care (N)</b> – Provides <i>Georgia</i> Criminal History Record Information
	<b>Employment with Children (W)</b> – Provides <i>Georgia</i> Criminal History Record Information
	<b>Public Records (P)</b> – Provides <i>Georgia Felony Convictions</i> Only

The inquiry resulted in the following: (check all that apply)

	No Georgia CHRI results available.
	Georgia CHRI attached/released.

	No NCIC/GCIC Warrant results available.
	Possible NCIC/GCIC Warrant. Contact Agency listed below.
Wanting Agency Name:	
Agency Telephone:	

\_\_\_\_\_  
Agency Designee Signature and Title Date

MASSAGE THERAPIST REGISTRY

I, \_\_\_\_\_, attest that I am the only Massage

Therapists conducting massages at \_\_\_\_\_.

(Name of Business)

-OR-

I, \_\_\_\_\_, attest that all of the Massage Therapists listed below have active, current, and un-revoked Massage Therapist licenses issued by the Georgia Massage Therapist Practice Board pursuant to the Georgia Massage Therapy Practice Act, O.C.G.A. § 43-24A-1 et seq., as amended 2010. Please attach a copy of a current online verification of your license. A copy of your license will not suffice.

Massage Therapist Name/Title	Current Address	Massage Therapist License # /
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1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

**I hereby certify the above information to be true and correct. I understand that I will not open for business until my Macon-Bibb County Massage Therapist license has been issued for this location.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

*\*\*\*If license is not issued within 90 days of the above date, you must reapply\*\*\**

**MACON-BIBB COUNTY, GEORGIA**  
**(S.A.V.E.) SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS**  
**O.C.G.A. § 50-36-1 (e) (2) Affidavit**

By executing this affidavit under oath, as an applicant for a Macon-Bibb County, Georgia, Occupation Tax Certificate, Alcohol License, or other public benefit as referenced in O.C.G.A. § 50-36-1; the undersigned applicant verifies **one** of the following with respect to my application for a public benefit:

- 1) \_\_\_\_\_ I am a United States citizen 18 years of age or older. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or document as indicated on the attached list.**
  
- 2) \_\_\_\_\_ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

**Please check only one option above and submit the required documents with your application.**  
**Please note that the failure to do so will result in a processing delay.**

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.

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.

Business Name: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

\*Signature of Applicant: \_\_\_\_\_

SUBSCRIBED AND SWORN BEFORE ME ON

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

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
MY COMMISSION EXPIRES

## Secure and Verifiable Documents Under O.C.G.A. § 50-36-2 Issued February 20, 2018, by the Office of the Attorney General, Georgia

- The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”), as amended by Senate Bill 160, signed into law as Act No. 27, (2013), provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(g). The Attorney General may modify this list on a more frequent basis, if necessary.
- The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.
- **An unexpired United States passport or passport card** [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **An unexpired United States military identification card** [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **An unexpired driver’s license** issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **An unexpired identification card** issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **An unexpired tribal identification card** of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be accessed at: <https://www.bia.gov/tribal-leaders-directory> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **An unexpired United States Permanent Resident Card or Alien Registration Receipt Card** [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **An unexpired Employment Authorization Document** that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **An unexpired passport issued by a foreign government, provided that such passport is accompanied by a United States Department of Homeland Security (“DHS”) Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual’s lawful immigration status or other proof of lawful presence under federal immigration law** [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **An unexpired Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard** [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **An unexpired Free and Secure Trade (FAST) card** [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

- **An unexpired NEXUS card** [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- **An unexpired Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card** [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- **An unexpired driver's license issued by a Canadian government authority** [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- **A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561)** [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- Senate Bill 160 (Act No. 27), effective July 1, 2013, limited the use of passports issued by foreign nations to satisfy the requirements for submission of secure and verifiable documents to only those passports submitted in conjunction with a United States Department of Homeland Security ("DHS") Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual's lawful immigration status or other proof of lawful presence under federal immigration law.
- **A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570)** [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- **Certification of Report of Birth issued by the United States Department of State** (Form DS-1350) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- **Certification of Birth Abroad issued by the United States Department of State** (Form FS-545) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- **Consular Report of Birth Abroad issued by the United States Department of State** (Form FS-240) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- **An original or certified copy of a birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal** [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]