



APPLICATION FOR MASSAGE/SPA ESTABLISHMENT LICENSE

LICENSE AND FEE COSTS

Regulatory Fees:

_____ \$150 annually

Applications must be submitted not less than 30 days prior to such application being considered by the City of Dallas Chief Marshal. If the application is not approved, the regulatory fee shall not be required.

Application will not be accepted if any questions are left blank. If the question does not apply, please write N/A or NONE.

Check-off List

Application

- _____ Complete **pages 2 through 9** (no blanks; enter N/A if necessary)
- _____ **Certification/Affidavit of Application**, signed by the applicant — **page 10**
- _____ **SAVE affidavit**, completed and signed by the applicant(s) — **page 11**
 - Including a Secure and Verifiable document, as defined by OCGA § 50-36-2
 - If not a US Citizen, must provide proof that you are lawfully admitted in the United States
- _____ **E-Verify affidavit**, signed by the applicant — **page 12**
- _____ **Consent for background check and acknowledgement of Privacy Rights**, completed and Signed by each person listed in response to questions 8 through 13 – **pages 13 thru 19**
- _____ **Owner/Leaseholder certification**, signed by the applicant — **page 20**
- _____ **Tax Department Certification**, must name all parties with interest in the license — **page 21**
- _____ **Registered Agent Affidavit**, signed by the designated registered agent — **page 22**

Attachments

- _____ Copy of lease agreement and/or proof of ownership of the property
- _____ If applicant is a corporation or LLC, a copy of the Certificate of Organization/Registration Issued by the Georgia Secretary of State
- _____ If a partnership, provide a copy of the partnership agreement
- _____ Certificate of Occupancy issued by City of Dallas Community Development Department
- _____ Written proof of age of anyone listed in questions 8 through 13
- _____ 2x2 color photo and copy of State License for anyone listed on question 26

City of Dallas, Georgia | 200 Main St. | Dallas, Ga. 30132

INFORMATION ON APPLICANT / OWNER

(Please print clearly)

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

2) Name doing business as: _____

3) Corporation, partnership, LLC, LLP, or company name: _____

4) Business Address: _____

City: _____ State: _____ Zip: _____

5) Business Phone Number: _____ Fax: _____

6) Mailing Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

7) Description of the business to be conducted: _____

8) Applicant Name: _____

Any other names used in the last 5 years _____

Position: _____ SS #: _____ Date of birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Business Phone: _____ Alt. Phone: _____

State of Georgia Resident: _____ / _____
(Years) (Months)

9) **If Sole Proprietor**

Individual Owner's Name: _____

Phone Number: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

10) **If Partnership or Limited Liability Partnership**

Name of Partner/Member: _____

Percentage of Ownership: _____ Phone Number: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Name of Partner/Member: _____

Percentage of Ownership: _____ Phone Number: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

*If more than two partners, attach additional pages

11) **If Corporation or LLC**

Name of President/Member: _____

Percentage of Ownership: _____ Phone Number: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Name of VP/Member: _____

Percentage of Ownership: _____ Phone Number: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Name of Secretary/Member: _____

Percentage of Ownership: _____ Phone Number: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Name of Treasurer/Member: _____

Percentage of Ownership: _____ Phone Number: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

*If additional members, attach additional pages

12) List all partners, members and shareholders holding more than 10 percent interest; if none, list the ten stockholders with the greatest ownership interest:

Name: _____ Name: _____

Address: _____ Address: _____

Shares/Interest: _____ Shares/Interest: _____

*attach additional sheet(s) if necessary

13) Person primarily responsible for operation of the massage/spa establishment.

Name: _____ Title: _____

14) Name of any other entity(ies)/person(s) having a financial interest in the establishment for which a license is being sought: (includes guarantor of a lease obligation)

Name: _____ Name: _____

Address: _____ Address: _____

Financial Interest: _____ Financial Interest: _____
*attach additional sheet(s) if necessary

15) Individual to serve as the designated Registered Agent, a resident of Paulding County and at least 18 years or older.

Name: _____

Position: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Business Phone: _____ Alt. Phone: _____

* Registered Agent must submit affidavit — Attached on page 17

16) Does the Registered Agent or any person with interest in the license have interest in any other Massage business? _____ Yes _____ No
If yes, please name the individual(s), type(s) of ownership, and jurisdiction(s).

*Attach additional sheet(s) if necessary

17) Number of full-time or full-time equivalent sub-contractors and W-2 employees:

18) Has any applicant previously made application for a Massage/Spa Establishment License?

_____ Yes _____ No

If yes, please name the individual(s), the jurisdiction(s) and the status of the license.

*Attach additional sheet(s) if necessary

19) Have you or any one listed in response to questions 8 through 13 had their State-issued massage therapy license suspended, revoked or placed on probation?

_____ Yes _____ No

If yes, please indicate name of individual(s), State, License number, summary of why and the action taken.

*Attach additional sheet(s) if necessary

20) Have you or anyone listed in response to questions 8 through 13 been charged with, arrested for, convicted of, or pleaded guilty or nolo contendere to, a specified criminal activity as defined in Chapter 10 of Article XI of the City of Dallas Code of Ordinances?

_____ Yes _____ No

If yes, please indicate name of individual(s), offense(s), date of offense(s), disposition(s), date of disposition(s), and jurisdiction(s).

*Attach additional sheet(s) if necessary

21) Have you or anyone listed in response to questions 8 through 13 been an owner, director, officer, partner, member, employee, or shareholder of a massage/spa establishment that has, at a time during which the person was so related to the establishment, been declared to be a nuisance or had its license to operate a massage/spa establishment revoked?

_____ Yes _____ No

If yes, please indicate name(s), date(s), offense(s), location(s), and punishment(s).

*Attach additional sheet(s) if necessary

22) Have you or anyone listed in response to questions 8 through 13, in the preceding 12 months, resided with someone who has been an owner, director, officer, partner, member, employee, or shareholder of a massage/spa establishment that has, at a time during which the person was so related to the establishment, been declared to be a nuisance or had its license to operate a massage/spa establishment revoked?

_____ Yes _____ No

If yes, please indicate name(s), date(s), offense(s), location(s), and punishment(s).

*Attach additional sheet(s) if necessary

23) Days & Hours of operation: _____

24) 10 Year work history of anyone listed in response to questions 8 through 13

*Attach additional sheet (s) if necessary

Name of Business	Dates Employed	Address	Position you held	Reason for leaving

25) 10 Year residential history of anyone listed in response to questions 8 through 13.

*Attach additional sheet (s) if necessary

Name:	Address:	Year(s) Month(s)

26) List everyone on the premises who offers, or will offer, services for which a license under O.C.G.A. § 43-24A-1 is required:

*Attach additional sheet (s) if necessary

<u>Name (first and last)</u>	Address	State License Number

Acknowledgement of General Operating Provisions

The affiant acknowledges that (he/she) is familiar with the Massage/Spa Establishment Ordinance, and further acknowledges the following: (please initial next to each item after reading it)

Records must be kept of all persons who perform any service on the premises, including the provider's name, home address, telephone number, and duty performed _____

Records must be kept of each instance a service is provided, including the date, type of service, name of provider, and the patron's name _____

The above-referenced records must be maintained for a minimum of 2 years, subject to inspection by the Chief Marshal, the Police Chief or their designee _____

The establishment may not allow anyone required to have a State Massage Therapist License or City of Dallas Massage/Spa Establishment Work Permit to perform any service on the premises until such person has obtained such license or work permit _____

A licensed massage therapist must be on the premises at all hours the establishment is occupied by patrons or open to the public, otherwise the establishment must cease operations and close until a license massage therapist is on the premises _____

All employees and other persons on the premises, with the exception of customers receiving a massage from a State Licensed Massage Therapist, shall be completely clothed _____

No employee may disrobe or in any way expose his or her genitals, pubic area, anus, or the areola or nipple of the female breast on the premises _____

No customer may expose his or her genitals, pubic area, anus, or the areola or nipple of the female breast to another person on the premises _____

No person shall knowingly touch, manipulate, fondle, or handle in any manner the sexual organs, genital area or anus of any other person on the premises of a massage or spa establishment _____

The establishment may not advertise to be open for business, be open for business or remain open for business between the hours of 10:00pm and 7:00am; no person shall be or remain inside the establishment between the hours of 11:00pm and 6:00am _____

A sign complying with the Sign Ordinance, identifying the establishment, must be placed at the main entrance _____

Minimum lighting shall be provided in accordance with the building code and at least one artificial light of not less than 40 watts shall be provided in each enclosed room or booth _____

No beds or mattresses are permitted in the establishment _____

No minor shall knowingly be allowed inside the establishment without his or her parent or guardian _____

Storefront windows shall not have material or glazing applied or affixed that reduces light transmission through the windows to less than 32% or increase light reflectance to more than 20% _____

Storefront windows shall not be blocked by curtains, blinds or any other screening material during those times when the establishment is occupied by patrons or is open to the public _____

Except in the event of an emergency, all patrons shall enter and exit the establishment via the establishment's front door _____

Customers shall not be assisted in showering; physical contact while showering is prohibited _____

When massage therapy is being performed, main entrance doors to the business and any door to rooms where massage therapy is being performed shall not be locked _____

The list required by section 10-304(c)(16) shall be updated immediately by the licensee as massage therapists are hired _____

Certification/Affidavit of Application

STATE OF GEORGIA
COUNTY OF PAULDING

The undersigned makes this application for a license as indicated herein to the City of Dallas Chief Marshal under the provisions of City of Dallas Code of Ordinances, Chapter 10, Article XI, the Massage/Spa Establishments Ordinance.

Under penalty of perjury, the undersigned applicant, on oath, states that the information contained herein, including the attachments, are true and correct.

Additionally, the undersigned confirms (he/she) is a person of good moral character and is at least twenty-one (21) years of age. Affiant acknowledges that all sub-contractors and/or employees who are not State licensed massage therapists must apply for and obtain a City of Dallas massage/spa establishment work permit from the City of Dallas Marshal's Bureau prior to working on the premises [(770)-443-8110, ext.1016]. The undersigned understands that (he/she) must provide the City of Dallas with the names of State licensed massage therapists, employees or subcontractors, as they are hired, along with a 2x2 color photo of the individual(s) and a copy of their State License.

The affiant acknowledges that (he/she) is familiar with the Massage/Spa Ordinance and understands that (he/she) is responsible for violations of said Ordinance at the licensed premises. The affiant further acknowledges that massage licenses are not transferable and that any changes must be reported in writing immediately to the City Marshal. The affiant recognizes that a massage license is a mere privilege, subject to all terms and conditions imposed by the Massage/Spa Ordinance and any other ordinance, resolution or law of the city, county, state or United States relating to such business and is subject to suspension, revocation and/or probation, as outlined in the Massage/Spa Ordinance.

The applicant understands that any violation of the Massage/Spa Ordinance may be punished by a fine up to \$1,000.00 or sixty (60) days in jail or both.

This _____ day of _____, 20_____.

Applicant/Responsible Person

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public

S.A.V.E. Affidavit Verifying Status for Public Benefit with City of Dallas

THIS FORM MUST BE NOTARIZED

1) _____ I am a United States citizen 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. **(You must submit the secure and verifiable document with this form, such as a State issued driver's license, military identification card, unexpired U.S Passport, etc.)**

2) _____ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or nonimmigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States. ** All persons that check this box must be verified through DHS's SAVE program.* **(Must include a copy of your current State Driver's License and either a copy of your Permanent Resident Card or Employment Authorization Card)**

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: _____.

** _____ - Identification type and number**

In making the above statement 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. Section 16-10-20.

_____ -
Signature of Applicant Date

Printed Name

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

NOTARY PUBLIC

My Commission Expires: _____

Private Employer / E-Verify Affidavit

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Section 1. * Please check only one: *****

(A) _____ On January 1st 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 then execute below. *****

(B) ____ On January 1st of the below-signed year, the individual, firm, or corporation employed **ten (10) or fewer employees**.

***** If you select Section 1(B), please skip Section 2 and execute below. *****

Section 2.

The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

_____ *E-Verify Number*

(Federal Work Authorization User Identification Number, usually 4 to 6 digits)

_____ - 20 _____

Date of Authorization

THIS FORM MUST BE NOTARIZED

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____ of _____, 20____ in _____, _____ State
Day Month Year City

Name of Employer

X _____
Signature of Authorized Officer or Agent

X _____
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: _____

To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.

Name-Based Criminal History Record Information Consent/Inquiry Form

*** MUST ATTACH COPY OF DRIVER'S LICENSE ***

I hereby authorize _____ Dallas Police Department _____ to conduct an inquiry for

the purpose(s) listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

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

Signature _____

Date _____

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used: (check all that apply)

<input type="checkbox"/>	E - Employment
<input type="checkbox"/>	C - Citizens Academy or Ride-Along Program
<input type="checkbox"/>	J - Civilian Criminal Justice Employment (State & Ill Info Received)
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	P - Public Records
<input type="checkbox"/>	U - Personal Copy
<input type="checkbox"/>	W - Working with Children
<input type="checkbox"/>	Z - Sworn Criminal Justice Employment (State & Ill Info Received)

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

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Agency Designee Signature and Title _____

Date _____

Applicant Privacy Rights

As an applicant who is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history check for a non-criminal justice purpose (such as an application for criminal justice or non-criminal justice employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulation (CFR), 50.12, among other authorities.

- 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.
- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or explained.
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your criminal history record (if you have such a record).
- If you have a 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 officials deny you the employment, license, or other benefit based on the information in the criminal history record.
- If agency policy permits, the officials may provide you with a copy of your criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may find information regarding how to obtain a copy of your Georgia criminal history record at the GBI website: <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions> Information regarding how to obtain a copy of your FBI criminal history record is located at the FBI website: <https://www.edo.cjis.gov>
- If you decide to challenge the accuracy or completeness of your criminal history record, you should contact and send your challenge to the agency that contributed the questioned information. If the disputed arrest occurred in the State of Georgia, you may send your challenge directly to the GCIC. Contact information for the GCIC can be found at <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions> Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenge entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for the authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

Privacy Act Statement

This privacy act statement is located on the back of the (blue) FD-258 fingerprint card.

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.

Principle 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.

As of 02/04/2021

**Applicant Privacy Rights
Notification Signature Form**

Applicant Notification and Record Challenge:

Your fingerprints or name-based consent will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure of obtaining a change, correction or updating an FBI identification record is set forth in Title 28, Code of Federal Regulations (CFR), 16.34. Procedures for obtaining a copy of the FBI criminal history record are set forth in 28 CFR 16.30 through 16.33 or review the FBI website.

By signing this document, I affirm that I have read and received a copy of the Applicant Privacy Rights and Privacy Act Statement

Print Name: _____

Sign Name: _____

Date: _____

Applicant Privacy Rights

As an applicant who is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history check for a non-criminal justice purpose (such as an application for criminal justice or non-criminal justice employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulation (CFR), 50.12, among other authorities.

- 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.
- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or explained.
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your criminal history record (if you have such a record).
- If you have a 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 officials deny you the employment, license, or other benefit based on the information in the criminal history record.
- If agency policy permits, the officials may provide you with a copy of your criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may find information regarding how to obtain a copy of your Georgia criminal history record at the GBI website: <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions> Information regarding how to obtain a copy of your FBI criminal history record is located at the FBI website: <https://www.edo.cjis.gov>
- If you decide to challenge the accuracy or completeness of your criminal history record, you should contact and send your challenge to the agency that contributed the questioned information. If the disputed arrest occurred in the State of Georgia, you may send your challenge directly to the GCIC. Contact information for the GCIC can be found at <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions> Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenge entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for the authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

COPY TO BE PROVIDED TO APPLICANT AFTER SIGNATURE FORM IS SIGNED AND DATED

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Principle 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.

As of 02/04/2021

COPY TO BE PROVIDED TO APPLICANT AFTER SIGNATURE FORM IS SIGNED AND DATED

Evidence of Ownership / Leasehold Interest

RE: Application of _____

The undersigned licensee does hereby certify that he/she is the owner or lessee of the premises shown in the application or the owner shown in the application is the owner or lessee of the premises and the document attached hereto consisting of _____ page(s) is the evidence of the ownership/leasehold interest of the applicant or owner.

This _____ day of _____, 20 ____

Licensee Signature

Printed Name of Licensee

Sworn and subscribed before me this _____ day of _____, 20 ____

Notary Public

Tax Department's Certification

RE: Application of (Business Name) _____

" I, _____, as Tax Clerk of the City of Dallas (or the Designated Agent), certify that there are no delinquent taxes owing to the City of Dallas for either real or personal property pertaining to the business, and also certify that an Occupational Tax Certificate has been or is in the process of being obtained for the business known as _____, located at _____ or by the applicant _____, or, if applicable, the owner or other parties in interest who are: _____."

Tax Clerk of The City of Dallas (or Designated Agent)

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public

My Commission Expires:

Registered Agent Affidavit

STATE OF GEORGIA
COUNTY OF PAULDING

The undersigned accepts (his/her) designation as the Registered Agent, for acceptance of service of any process, notice or demand required or permitted by law or under this article to be served upon the applicant as described in the City of Dallas Code of Ordinances Section 10-304(c)14.

This _____ day of _____, 20____

Registered Agent

Registered Agent Signature

Sworn to and subscribed before me this _____ day of _____, 20____

Notary Public