



CITY OF DALLAS MASSAGE/SPA EMPLOYEE WORK PERMIT

I.D. CARD APPLICATION

Application to be submitted with a Government-Issued picture identification along with a \$25.00 Non-Refundable Permit Fee and are renewable annually

► *Massage/spa establishment work permit required.* It shall be unlawful for any person to be an "employee," as defined under Chapter 10, Article XI. of the Code of Ordinances of the City of Dallas, of a massage or spa establishment in the city without a valid massage/spa establishment work permit, except that a person who holds a valid massage/spa establishment license, and/or holds a license under the Georgia Massage Therapy Practice Act (O.C.G.A. § 43-24A-1, et seq) shall not be required to obtain a massage/spa establishment work permit to be an "employee" at that particular licensed establishment. No person shall work at a massage establishment or a spa establishment in the city until he/she receives, and the establishment posts, the employee's work permit as required by this article. A receipt issued by the city is not a valid massage/spa establishment work permit and does not authorize the person to work in a massage establishment or spa establishment. A work permit does not authorize an individual to perform any activity requiring state licensure.

I. Applicant Name: _____ **Social Security Number:** _____ - _____ - _____
Last Name First Name MI

Gender: Male or Female **Driver's License Number:** _____ **State Issued:** _____

Maiden, Married, Alias, or Other Names Used Last 5 Years: _____

Are you 18 years or older? Yes No **Date of Birth:** ____/____/____ **Birthplace:** _____
City, State & Country

Phone: _____ **Email Address:** _____
(Check One) Mobile or Home

II. Address Information: (List current home/business/ mailing address)

Home Address: _____ **Apartment/Unit:** _____

City/State/Zip Code: _____ **Period: (mm/yy)** ____/____ to ____/____

Mailing Address: _____ **Apartment/Unit:** _____

City/State/Zip Code: _____ **Period: (mm/yy)** ____/____ to ____/____

III. Establishment Name: _____

Address: _____

Phone: _____

Provide Additional Information As Needed On A Separate Sheet

IV. Have you been an owner, director, officer, partner, member, or shareholder of a massage/spa establishment that has, in the previous 5 years, and while you were so related to the establishment, been declared a public nuisance or had its massage/spa establishment license revoked? (Section 10-308.(6))

Yes No

If **yes**, please respond on a separate sheet of paper if necessary.

V. Have you been arrested for, convicted of, or plead nolo contendere to a misdemeanor or felony within the past five (5) years? (Check One) Yes or No

If **yes**, explain in detail below providing the specific charge(s), date and place of arrest(s), and court jurisdiction(s) charged:

Provide Additional Information As Needed On A Separate Sheet

VI. Background Consent

I, _____, do hereby consent to and authorize the City of
(print your name)

Dallas Marshal's Bureau or any other Federal, State, or Local Agency to conduct a background investigation on the undersigned, including but not limited to criminal background investigation, fingerprint analysis and investigation, and local criminal history record check which may be found in the files of any Federal, State, or Local Criminal Justice Agency.

I release the City of Dallas and any person or entity that provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regard to the information obtained from any and all of the above referenced sources used. This consent form shall be valid as long as I am employed in the City of Dallas.

I hereby certify, under penalty of perjury, that statements made herein are to the best of my knowledge True and correct. I acknowledge that I am responsible to provide supplemental information within ten (10) working days of a change in circumstances rendering the above information false or incomplete by writing to the City of Dallas Marshal's Bureau.

Print Name of Applicant

Signature of Applicant

Date

Subscribed and sworn to before me on:

The _____ day of _____, 20_____.

Notary Public

My Commission Expires:

NOTARY SEAL

5 Year work history ----- *Attach additional sheet (s) if necessary

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

5 Year residential history ----- *Attach additional sheet (s) if necessary

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

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.

X _____
Signature of Applicant Date

X _____
Printed Name

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

NOTARY PUBLIC

My Commission Expires: _____

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

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

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

Are you or someone you know being sold for sex or made/forced to work for little or no pay and cannot leave?

Call the National Human Trafficking Resource Center at 1-888-373-7888 or the Statewide Georgia Hotline for Domestic Minor Trafficking at 1-844-842-3678 for help.

All victims of slavery and human trafficking have rights and are protected by international, federal, and state law.

The hotline is:

- (1) Anonymous and confidential;
- (2) Available 24 hours a day, seven days a week;
- (3) Able to provide help, referral to services, training, and general information;
- (4) Accessible in 170 languages;
- (5) Operated by a nonprofit, nongovernmental organization; and
- (6) Toll free.

¿Usted o alguien que usted conoce son víctimas de tráfico de personas a cambio de sexo o son obligados a trabajar a cambio de un salario irrisorio o sin salario y no pueden escapar?

Llame al Centro Nacional de Recursos para el Tráfico de Personas (*National Human Trafficking Resource Center*) al 1-888-373-7888, o a la línea de asistencia telefónica para casos de Tráfico de Menores en el País de Georgia (*Georgia Hotline for Domestic Minor Trafficking*) en todo el estado al 1-844-842-3678 para solicitar ayuda.

Todas las víctimas de tráfico de personas y esclavitud tienen derechos y están protegidas por leyes internacionales, federales y estatales.

La línea de asistencia telefónica:

- (1) Es anónima y confidencial;
- (2) Está disponible las 24 horas del día, los 7 días de la semana;
- (3) Puede ofrecer asistencia, recomendación de servicios, capacitación e información general;
- (4) Es accesible en 170 idiomas;
- (5) Es operada por una organización no gubernamental, sin fines de lucro; y
- (6) Es un número de llamada gratuita.

Sec. 10-308. - Employee work permits required.

- (a) *Massage/spa establishment work permit required.* It shall be unlawful for any person to be an "employee," as defined in this article, of a massage establishment or a spa establishment in the city without a valid massage/spa establishment work permit, except that a person who holds a valid massage/spa establishment license, and/or holds a license under the Georgia Massage Therapy Practice Act (O.C.G.A. § 43-24A-1, et seq) shall not be required to obtain a massage/spa establishment work permit to be an "employee" at that particular licensed establishment. No person shall work at a massage establishment or a spa establishment in the city until he/she receives, and the establishment posts, the employee's work permit as required by this article. A receipt issued by the city is not a valid massage/spa establishment work permit and does not authorize the person to work in a massage establishment or spa establishment.
- (b) *Application.* An applicant for a massage/spa establishment work permit shall file in person at the city marshal department a completed application made on a form provided by the city. The application must be signed and notarized. Applicants shall make themselves available for photographing. An application shall be considered complete when it contains all of the information and/or items required in this subsection, accompanied by the work permit fee of \$25.00:
- (1) The applicant's full legal name and any other names used by the applicant in the preceding five years.
 - (2) Current home address and mailing address for the applicant.
 - (3) Written proof of age, in the form of a driver's license or a picture identification document containing the applicant's date of birth issued by an agency of a state or of the federal government.
 - (4) A signed and sworn affidavit verifying the applicant's lawful presence in the United States as required by O.C.G.A. § 50-36-1 along with a secure and verifiable document as defined by O.C.G.A. § 50-36-2, and proof of lawful presence in the United States, if applicable.
 - (5) The name and address of the massage establishment or spa establishment for which the applicant seeks to obtain the work permit.
 - (6) A statement of whether the applicant has been an owner, director, officer, partner, employee, member, or shareholder of a massage establishment or spa establishment that has, (at a time during which the person was so related to the establishment):
 - a. Been declared by a court of law to be a nuisance; or
 - b. Had its license to operate a massage establishment or a spa establishment revoked.
 - (7) A statement of whether the applicant has been cited for, arrested for, convicted of, or pleaded guilty or entered a plea of nolo contendere to a specified criminal activity as defined

in this article, and if so, each specified criminal activity involved, including the date, place, and jurisdiction of each such violation, arrest and/or conviction.

- (8) Five years of work history.
 - (9) Five years of residential history.
 - (10) Executed consent form authorizing the city to conduct a background investigation, including a criminal background investigation, on the applicant
- (c) *Issuance of work permit.* Upon the filing of a completed massage/spa establishment work permit application, the city marshal department shall cause to be conducted a background investigation of the applicant. Within 15 days of the filing of a completed massage/spa establishment work permit application, the chief marshal or his designee shall either issue a work permit to the applicant or issue a written notice of denial of the work permit to the applicant. The chief marshal or his designee shall issue the work permit unless:
- (1) The applicant is less than 18 years of age.
 - (2) The applicant has failed to provide information required by this article for issuance of a work permit or has falsely answered a question or request for information on the application form.
 - (3) The work permit fee required by this article has not been paid.
 - (4) The establishment for which the applicant seeks a work permit does not have a valid massage/spa establishment license from the city.
 - (5) The applicant has been an owner, director, officer, partner, member, or shareholder of a massage establishment or spa establishment that has (at a time during which the person was so related to the establishment):
 - a. Been declared by a court of law to be a nuisance; or.
 - b. Had its license to operate a massage establishment or a spa establishment revoked.
 - (6) The applicant has been convicted of, or pleaded guilty or entered a plea of nolo contendere to, a specified criminal activity, as defined in this article.
- (d) *[Validity.]* The work permit, if issued, will be valid for a period of one year from the date it is issued. Replacement work permit(s) shall be issued upon purchase of a new card at the full amount and expire the same date as the then-current work permit. A massage establishment or spa establishment employee shall provide the employee's work permit to the establishment for which it was issued to be posted on the premises pursuant to this article.
- (e) *[Unlawful.]* It shall be unlawful for an employee whose work permit has been revoked to refuse to return the work permit to the city marshal department or to alter, conceal, deface, or destroy the work permit.
- (f) *[Penalty.]* If at the time of application, the applicant is charged with any of the offenses prescribed in this subsection, consideration of the application shall be dismissed without prejudice and the

applicant shall be allowed to reapply upon final disposition of any such charge.

(Ord. No. 2022-01, 3-7-2022)

Sec. 10-309. - Revocation of license or work permit.

- (a) Following a hearing in the municipal court of the City of Dallas, Georgia, a license or permit issued under this article may be suspended, revoked, or placed on probation by the judge of the municipal court of the City of Dallas, Georgia for:
- (1) A violation of this chapter and/or state or federal laws and regulations relating to massage or spa establishments;
 - (2) A material misrepresentation, false statement or omission in the application for the license or permit; or
 - (3) Ceasing to meet the eligibility requirements for licensure.
- (b) When any person listed on a massage/spa establishment license application, any employee of the establishment, or any person who performs massage at the establishment, is arrested for unlawful sexual conduct of any kind alleged to have occurred at the massage establishment or spa establishment, no person listed on the establishment's license application and no employee of the establishment may apply for or be issued any new license or permit for that location.

(Ord. No. 2022-01, 3-7-2022)

Sec. 10-310. - Hearings.

- (a) The review board shall hear all matters relating to licenses and permits under this chapter, including, but not being limited to, suspensions, revocations, and any other matters affecting such licenses and permits.
- (b) Licensees or permit holders shall be given written notice of the date, time, place, and purpose when the matter at issue will be heard. The applicant, licensee, or permit holder shall be afforded the opportunity to be heard and present evidence. Ten calendar days' notice shall be required.
- (c) Upon close of the hearing, a decision shall be rendered in writing by the review board and issued no later than within 48 hours of the meeting absent the occurrence of circumstances beyond the reasonable control of the review board.
- (d) An applicant whose application has been denied, or a licensee or permit holder whose license or permit has been suspended, revoked or placed on probation by the review board may appeal to the governing authority by filing a written notice of appeal within five business days of the adverse decision or action. Such notice shall be provided to the city clerk. The appeal shall be placed on the agenda of the next governing authority meeting occurring at least ten days after the notice is received. The governing authority shall be provided a copy of all evidence heard by

the review board, along with a copy of the review board 's written decision. The applicant, licensee or permit holder may make a statement on their behalf before the governing authority, but no new evidence shall be taken. A vote on the appeal shall be taken either on the date of appeal hearing or at the next subsequent regular meeting of the governing authority. The decision of the governing authority shall be based on the evidence and standards of this chapter. If the governing authority determines the review board acted in accordance with the standards of this chapter, it shall affirm his decision. If the governing authority determines the review board acted contrary to the standards of this chapter, it shall overturn his decision and remand back to the review board for a corrected decision.

- (e) An applicant or licensee who is dissatisfied with the decision of the governing authority may appeal by filing for writ of certiorari with the superior court of Paulding County, Georgia.

(Ord. No. 2022-01, 3-7-2022)