

**APPLICATION FOR  
BARTOW COUNTY  
MESSAGE THERAPY LICENSE  
YEAR 20\_\_\_\_\_**

DATE OF APPLICATION \_\_\_\_\_

\_\_\_\_\_ New Application

\_\_\_\_\_ Renewal – Prior license No. \_\_\_\_\_

INSTRUCTIONS: EACH AND EVERY question must be fully answered (typewritten or printed in ink). If the question does not pertain, so indicate. If the space provided is not sufficient, answer the question on a separate sheet and indicate in the space provided that such separate sheet is attached. When completed, it must be dated, signed and verified under oath by the applicant and filed with the License Department, together with all supporting papers and a certified check or money order for the exact fee.

**I HEREBY CERTIFY AS APPLICANT THAT I HAVE RECEIVED, READ AND UNDERSTAND THE BARTOW COUNTY REGULATIONS CONTROLLING MESSAGE THERAPY AND HEREBY AGREE TO COMPLY WITH SAID REGULATIONS.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

1. Applicant: License Holder's Name (NO initials, spell out all names); List all names used in the last five years.

\_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ SS# \_\_\_\_\_

2. Name of Business \_\_\_\_\_

Form of Business: (Check one)

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietor \_\_\_\_\_

Business Street Address:

\_\_\_\_\_

Business Phone (\_\_\_\_) \_\_\_\_\_

Mailing Address (If different from business street address)

\_\_\_\_\_

3. Owner's Name if different from applicant  
(If corporation, list name, address, telephone number, SS# of each partner whether partner or limited partner. Attach separate sheet if necessary)

Owner's Name \_\_\_\_\_

Owner's Address \_\_\_\_\_

Owner's Phone (\_\_\_\_) \_\_\_\_\_

Owner's Massage Therapy License # \_\_\_\_\_

Owner's Occupation Tax License # \_\_\_\_\_

4. Previous Employment for the last ten (10) years. (Use separate sheet if necessary)

(1) Employer \_\_\_\_\_ Address \_\_\_\_\_

Job Description \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Phone \_\_\_\_\_

(2) Employer \_\_\_\_\_ Address \_\_\_\_\_

Job Description \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Phone \_\_\_\_\_

(3) Employer \_\_\_\_\_ Address \_\_\_\_\_

Job Description \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Phone \_\_\_\_\_

5. Character witnesses (list 3)

(1) Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

(2) Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

(3) Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

6. Investigation for application for Massage Therapy Ordinance

Name \_\_\_\_\_  
Aliases \_\_\_\_\_ Sex \_\_\_\_\_ Nationality \_\_\_\_\_  
SS# \_\_\_\_\_ Length of Residency \_\_\_\_\_  
Home Address \_\_\_\_\_ County \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Business Address \_\_\_\_\_  
County \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_  
Birthplace \_\_\_\_\_ County \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Driver's License # \_\_\_\_\_ Education \_\_\_\_\_  
Build \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_  
Physical Characteristics \_\_\_\_\_

\_\_\_\_\_  
(Deformities, Scars, Tattoos, Etc.)

7. List all previous arrests and disposition of the charges including driving under the influence, date and place of arrest (except minor traffic offenses such as speeding) for the last ten years

- (1) \_\_\_\_\_  
(2) \_\_\_\_\_  
(3) \_\_\_\_\_

Have you ever been fingerprinted? \_\_\_\_\_ By Whom? \_\_\_\_\_

Please attach hereto a photostatic copy of your diploma indicating graduation from a massage therapy school or evidence of current certification from the National Certification for Therapeutic Massage and Bodywork or the equivalent, nationally recognized certification.

8. If applicant is also owner of the business or representative thereof list all employees.

(1) Name \_\_\_\_\_

Aliases used within last 10 years \_\_\_\_\_

SS# \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

(2) Name \_\_\_\_\_

Aliases used within last 10 years

\_\_\_\_\_

SS# \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

(3) Name \_\_\_\_\_

Aliases used within last 10 years \_\_\_\_\_

SS# \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

**Consent Form**

The undersigned hereby authorize the Bartow County Commissioner or his designees to receive any criminal history record information pertaining to me, which may be in the files of any Federal, State or Local Criminal Justice Agency.

\_\_\_\_\_  
Applicant's Full Name (printed)

Social Security Number \_\_\_\_\_ Signature \_\_\_\_\_

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

\_\_\_\_\_  
Notary Public, State of Georgia  
My Commission Expires: \_\_\_\_\_

**RELEASE**

The undersigned hereby authorize and request the Sheriff of Bartow County, Georgia, to obtain a records check on me from the Georgia Crime Information Center (GCIC). I have been advised that this information will be used by the County for the purpose of determining whether to issue to me a license for massage therapy and the Sheriff of Bartow County is hereby authorized to release this information to the Commissioner of Bartow County or his designee.

This \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Applicant Signature

**Certification  
Bartow County Sheriff's Department**

This is to certify that according to the records in the Bartow County Sheriff's Department and G.C.I.C., \_\_\_\_\_ (Full Name – No Initials)  
\_\_\_\_\_ (Address)  
\_\_\_\_\_ (Date of Birth) \_\_\_\_\_ (SS#)  
\_\_\_\_\_ (Drivers License #) has/has not been convicted of a felony involving moral turpitude within the five (5) years and (has the following record) or (has no criminal record).

\_\_\_\_\_  
Sheriff

\_\_\_\_\_  
Date

**OATH**

OATH: I do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made to the foregoing questions in this application for a license for Massage Therapy are true and complete, and no false or fraudulent statement or answer is made herein to procure granting of a license, that any license issued pursuant to this application conditioned upon a fraudulent statement or answer herein shall constitute cause for the suspension or revocation of any license issued pursuant to this application. Should any change occur during the year for which a license is issued pursuant to this application which would require a different answer to any question contained in this application, such change MUST be reported as a written amendment to this application within five (5) days of the change. The failure to make such amendment shall be caused for the suspension or revocation of any license issued. I have received a copy of the Bartow County Massage Therapy Ordinance as amended and swear affirm that I will abide by and comply with all of the terms of the ordinance.

**I further swear that the attached diploma or national certification required my successful completion of a course of study of no less than (500) hours, wherein the course of study consisted of curriculum of anatomy; physiology, massage, hydrotherapy, electrography, hygiene, health service management, and other appropriate subjects.**

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

\_\_\_\_\_  
Doing Business As or Organization Name

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Notary Public, State of Georgia  
My Commission Expires: \_\_\_\_\_