	OFFICE U	ISE ONLY	
RECEIPT #		CARD#	



POLICE DEPARTMENT

7840 Roswell Rd, Bldg 300, Ste 301 * Sandy Springs, GA 30350 * Phone 770-730-5600

MASSAGE SPA/WORK PERMIT

PLEASE PRINT CLEARLY							
JOB TITLE APPLYING FOR:							
NAME:							
(Last)		(First)				(Middle)	
(Aliases/Stage Name)	T	(Race)		(Sex)	(Не	eight)	(Weight)
(Hair Color)	(Eye Colo	or)	(Driv	ver's License/ID#))		(State)
(Phone #)			(Cell	/Mobile#)			
ADDRESS:				1			
(Street)				(Apt#)		_	
(City)		(State)				(Zip)	
PERSONAL INFORMATION	:						
(Date of Birth)		(SS#)				(Place of Birth	- City/State)
EMPLOYMENT INFORMAT	'ION:						
(Name of Business Where You V	Will Be Emp	ployed):					
(Supervisor)		(Address)				(Phone)	
(Emergency Contact)				(Phone#)			
I do hereby swear/affirm falsification of any inform immediate declination or may be pursued as a result "I understand that all pay no way guarantee the issu	nation pro revocatio It of purp yment of f	ovided to the on of any per osely provid fees associate	Sand mit is ling a	ly Springs Poli sued. Further ny false inforn	ice D rmoi natio	Department wre, criminal a	ill result in the nd/or civil penalties
Signature			Printe	d Name	_		 Date



Affidavit Verifying Lawful Presence within the United States

I, (print name* (check one):)	, swear or affirm under penalty of perjury that							
	I am a United States citizen. or I am a qualified alien or nonimmigrant under 18 years of age or older lawfully present in the Alien Registration Number:	he United States.							
I am applying	for the following public benefit (check one):								
	Alcoholic Beverage License for	nt Business Name							
		forPrint Business Name							
	Massage/Spa Permit for	Print Business Name							
	☐ Massage/Spa Permit for								
	Door-to-Door Salesman/Solicitors Permit for								
	Other:	Print Business Name							
		Name of Business (if applicable)							
that state law republic benefit. of representatic complete listing website: http:/// *Documents redocuments list *Documents Employment A	I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that if I knowingly and willfully making a false, fictitious, or fraudulent statement of representation in this affidavit I shall be guilty of Code Section 16-10-20 of the Official Code of Georgia. A complete listing of secure and verifiable documents is available through the Office of the Attorney General (GA) website: http://law.ga.gov/immigration-reports . *Documents must include a U.S. driver's license, U.S. passport, U.S. passport card or one of the other documents listed on the Attorney General's list of Secure and Verifiable Documents. *Documents must include a Permanent Resident card (from I-551), Arrival/Departure Record (form I-94), Employment Authorization Document (form I-766) or one of the other documents listed on the Attorney General's list of Secure and Verifiable Documents.								
Applicant Signal	ture*	Date							
Subscribed and	sworn to before me:	(Clerk/Notary Public)							
This day	y of, 20	My commission expires:							



POLICE DEPARTMENT

7840 Roswell Rd Bldg. 300 Suite 301, Sandy Springs, GA 30350 * Phone 770.551.6900 www.sandyspringsga.gov

Consent Form for GCIC Records Check

I authorize the SANDY SPRINGS POLICE DEPARTMENT to receive any criminal history record information pertaining to me, which may be in the files of any federal, state, and/or city criminal justice agency in Georgia.

DATE					
PRINT FULL NAME					
MAIDEN NAME/PREV ARE YOU A U.S. CITI	IOUS NAME/ALIAS INFO ZEN? YES NO				
If no, you will need to ha	ave your Green Card availab	le.			
Country of Birth:		<u></u>			
DATE OF BIRTH	RACE	SEX	SS#		
STREET ADDRESS					
CITY	COUNTY	ST	ATE	ZIP	
SIGNATURE OF APPLI	ICANT				
BUSINESS NAME:					
BUSINESS ADDRESS:					
Office use only:					
COMMUNICATIONS OF	FICER:		COMPLET	'ED:	
RECORD ATTACHED:		NO REC	CORD:		