

Massage Operator's License Checklist  
Development Services Division  
Licensing and Permits Department  
630 Ronald Reagan Drive Evans, GA 30809  
706-868-3420  
ehall@columbiacountyga.gov



- \_\_\_\_\_ Application. Must be fully complete, signed and notarized. All employees of the Licensing and Permits Department (LPD) are notaries and can provide the service at no cost. You must sign in the presence of the notary. The application requires the occupation tax account number for the business. New businesses may apply for an occupational tax and massage operator's license simultaneously. The application for the occupational tax (which also includes the required business license) is available in LPD or online at <https://www.columbiacountyga.gov/guides-resources/starting-a-business#OCCTAX>.
- \_\_\_\_\_ Massage Therapist License from Georgia Secretary of State
- \_\_\_\_\_ Consent to Serve as Registered Agent. All massage operators' licenses must continuously maintain a registered agent who lives in Columbia County. The applicant can be the registered agent if they live in Columbia County, but they must complete the consent to serve as registered agent.
- \_\_\_\_\_ Registration from Georgia Secretary of State (not required for sole proprietors)

Once all items above are complete, please call or email to schedule an appointment with the Licensing and Permits Manager. You will have your photo taken at the appointment and the photo will appear on the license.

If the application is complete, you will be provided the date the license will be presented to the Planning Commission. Incomplete applications will be returned and no actions will be taken until a complete application is provided.



**Business**

Legal Name: \_\_\_\_\_  
(If registered with the Georgia Secretary of State, provide the name exactly as it appears on the certificate of incorporation. If you are a sole proprietor, provide your full legal name.)

Doing Business As: \_\_\_\_\_  
(If applicable, the name used to conduct business when different from the legal name.)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Premise Address : \_\_\_\_\_

Premise Owner : \_\_\_\_\_

Premise Owner's Address: \_\_\_\_\_

Initial the statement that accurately describes the premise:

\_\_\_\_ Message at premise address only.

\_\_\_\_ Message at premise address and mobile massage services.

\_\_\_\_ Mobile massage services only. The premise address above will be used solely for administrative purposes.

Hours of Operation (if by appointment only, list the hours appointments may be scheduled)

Monday Open: \_\_\_\_\_ Close: \_\_\_\_\_

Tuesday Open: \_\_\_\_\_ Close: \_\_\_\_\_

Wednesday Open: \_\_\_\_\_ Close: \_\_\_\_\_

Thursday Open: \_\_\_\_\_ Close: \_\_\_\_\_

Friday Open: \_\_\_\_\_ Close: \_\_\_\_\_

Saturday Open: \_\_\_\_\_ Close: \_\_\_\_\_

Sunday Open: \_\_\_\_\_ Close: \_\_\_\_\_

**Applicant**

**Applicant means the natural person applying for the massage operator's license. For a sole proprietor the sole proprietor is the natural person application. For a partnership, corporation, limited liability company or other entity, the natural person applicant is an officer having authority to bind the entity. Attach additional sheets if more than two applicants.**

Applicant 1 Legal Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

Massage Therapist License Number : \_\_\_\_\_

Applicant 2 Legal Name \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

Massage Therapist License Number : \_\_\_\_\_

The undersigned hereby certifies that he/she is the \_\_\_\_\_ of  
\_\_\_\_\_ Title  
\_\_\_\_\_ and has the authority to bind the entity and further certifies:  
Business Legal Name

I have obtained and read Columbia County Code Chapter 22 Business Regulations Article IV Massage Service. All requirements of the chapter have been met. In order to obtain an operator's license for a massage business under this article, the applicant must satisfy the following requirements:

(1) Either the applicant, if a natural person, or the officer with authority to bind the applicant who signs the application, if an entity applicant, must be a state licensed massage therapist and must reside within 50 miles of the premise location of the massage business

(2) Citizenship; residency. A license will be issued only to a person who is a citizen of the United States or an alien lawfully admitted for permanent residence in the United States.. Where an applicant is other than a natural person, it must be an entity organized and existing under the laws of the United States or one of its states, an agent of the entity must meet the qualifications set forth herein.

a. Where the applicant for a license is an entity other than a natural person, the application shall be made jointly in the name of the entity and an officer having authority to bind the entity. Said entity shall be registered to do business in the State of Georgia.

b. Licenses issued to entities must be issued jointly to the entity and all of the other persons required by this section to join in the application. All respective partners, officers, directors, or members, as applicable, shall be responsible for the actions of the named licensee and the conduct of the licensed business.

(3) The following individuals are not eligible for an operator's license, even if they possess all of the qualifications listed herein.

a. Any person convicted in the last ten years of any offenses involving the use of or threat of force or violence upon the person of another; any offenses involving narcotics, dangerous drugs, or dangerous weapons; any felony involving moral turpitude; any offenses involving sexual behavior, whether felony or misdemeanor, as set out in O.C.G.A. Title 16, Crimes and Offenses, Chapter 6, Sexual Offenses. For the purpose of this subsection, a conviction shall include a finding or verdict of guilty, plea of guilty, or a plea of nolo contendere in a criminal proceeding regardless of whether the adjudication of guilt or sentence is withheld or not entered thereon pursuant to provisions of O.C.G.A. §§ 42-8-60 through 42-8-64, relating to first offenders, or any comparable rule or statute.

b. Any person who has been found to employ any person who is not a licensed massage practitioner under state law and allowing or permitting such person to administer massage in the establishment except as may be allowed by state law.

c. Any person who allows the use of an individual's state issued massage license by an unlicensed person.

d. Any person who has knowingly provided false or forged information to the board of commissioners in obtaining a license under this article.

e. Any person who has used or attempted to use an operator's license that has expired or been revoked.

f. Any person who violates Georgia Rules, Chapter 345, Georgia Board of Massage Therapy, 345-6, Professional and Unprofessional Conduct on the premises.

g. Any person who violates a provision of this article.

To my knowledge, all persons having any ownership interest in or control over the land or building containing the establishment to be operated pursuant to the license being applied for, meet the same character requirements as those set forth for the licensee.

All taxes or fees due to Columbia County and/or the State of Georgia have been paid.

The establishment complies with all applicable building and fire codes and all applicable government laws and regulations.

I certify that to my knowledge all of the information contained within this application is true and correct and that I have truthfully and as completely as possible responded to all questions and requirements of this application.

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

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

Subscribed and Sworn Before Me on This the \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_.

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

Effective 07/01/2017

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**Business**

Legal Name: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

**Registered Agent**

The home address must be within Columbia County to serve as a registered agent.

Legal Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

I am a resident of Columbia County, Georgia and reside at the address shown above. I hereby consent to serve as registered agent for the entity who is applying for a massage operator's license in Columbia County. As the registered agent, I understand I will be the person upon whom any process, notice or demand required or permitted by law or under this chapter may be served.

\_\_\_\_\_  
Signature of Registered Agent

Subscribed and Sworn Before Me on This the \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_.

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