



CITY OF SOUTH FULTON, GEORGIA
DEPARTMENT OF FINANCE
APPLICATION FOR MASSAGE THERAPIST LICENSE

ACCOUNT NUMBER _____

1. APPLICANT NAME _____
2. BUSINESS NAME _____
3. BUSINESS ADDRESS _____
4. CITY, STATE, ZIP _____
5. BUSINESS TELEPHONE NUMBER _____
6. APPLICANT'S MAILING ADDRESS _____
7. CITY, STATE, ZIP _____
8. APPLICANT'S HOME ADDRESS _____
9. SOCIAL SECURITY NUMBER _____
10. DATE OF BIRTH _____
11. PLACE OF BIRTH _____
12. SEX _____
13. LIST NAME, ADDRESS AND TELEPHONE NUMBER OF THREE (3) CHARACTER WITNESSES

NAME	ADDRESS	TELEPHONE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____

14. LIST NAME AND ADDRESS OF PREVIOUS EMPLOYERS (FOR PERIODS IN EXCESS OF TWO YEARS)

NAME	ADDRESS	TELEPHONE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____