



MESSAGE THERAPIST AND EMPLOYEE LIST CHANGE FORM

Each business holding a massage or spa establishment license, as required by the City, shall maintain and file with the City's revenue division the name of all massage therapists, including independent contractors, and employees, their home addresses and home telephone numbers, their duties and services performed for the massage or spa establishment and whether such employee has a state license or city work permit. The licensee shall report any changes in the list of massage therapists and employees to the city manager within ten (10) days from the date of such change.

City work permits are required for all on-premises owners, managers or supervisors who are in charge of managing the massage establishment as required by the City and who do not otherwise hold a license issued under Article VIII of Chapter 22 of the Code of the City of Chamblee, and massage therapists not possessing a state-issued massage therapist license who desire to engage in the business, trade or profession of massage therapy or manage a massage and/or spa establishment. A work permit does not authorize an individual to perform any activity requiring state licensure.

Attach copies of state licenses with government issued picture I.D. for all Georgia licensed massage therapists.

New Remove

____ 1) _____

Name of Employee	Duties & Services Performed for the Establishment			
Home Address	City	State	Zip Code	Home/Cell Phone Number
State Massage Therapist License # or City Work Permit #			License or Permit Expiration	

____ 2) _____

Name of Employee	Duties & Services Performed for the Establishment			
Home Address	City	State	Zip Code	Home/Cell Phone Number
State Massage Therapist License # or City Work Permit #			License or Permit Expiration	

____ 3) _____

Name of Employee	Duties & Services Performed for the Establishment			
Home Address	City	State	Zip Code	Home/Cell Phone Number
State Massage Therapist License # or City Work Permit #			License or Permit Expiration	

____ 4) _____

Name of Employee	Duties & Services Performed for the Establishment			
Home Address	City	State	Zip Code	Home/Cell Phone Number
State Massage Therapist License # or City Work Permit #			License or Permit Expiration	



New Remove

5) _____

Name of Employee _____ Duties & Services Performed for the Establishment _____

Home Address _____ City _____ State _____ Zip Code _____ Home/Cell Phone Number _____

State Massage Therapist License # or City Work Permit # _____ License or Permit Expiration _____

6) _____

Name of Employee _____ Duties & Services Performed for the Establishment _____

Home Address _____ City _____ State _____ Zip Code _____ Home/Cell Phone Number _____

State Massage Therapist License # or City Work Permit # _____ License or Permit Expiration _____

7) _____

Name of Employee _____ Duties & Services Performed for the Establishment _____

Home Address _____ City _____ State _____ Zip Code _____ Home/Cell Phone Number _____

State Massage Therapist License # or City Work Permit # _____ License or Permit Expiration _____

8) _____

Name of Employee _____ Duties & Services Performed for the Establishment _____

Home Address _____ City _____ State _____ Zip Code _____ Home/Cell Phone Number _____

State Massage Therapist License # or City Work Permit # _____ License or Permit Expiration _____

9) _____

Name of Employee _____ Duties & Services Performed for the Establishment _____

Home Address _____ City _____ State _____ Zip Code _____ Home/Cell Phone Number _____

State Massage Therapist License # or City Work Permit # _____ License or Permit Expiration _____

10) _____

Name of Employee _____ Duties & Services Performed for the Establishment _____

Home Address _____ City _____ State _____ Zip Code _____ Home/Cell Phone Number _____

State Massage Therapist License # or City Work Permit # _____ License or Permit Expiration _____

► Attach a separate list if necessary