

**PLANNING & DEVELOPMENT DEPARTMENT  
STAFF REPORT**

**Case Number:** Discussion

**Application Type:** Massage Operators License

**Business Name:** The Athletic Standard

**Hearing Date:** November 14, 2023

**Report Prepared By:** Julietta H. Walton, Customer Service Manager and Business License

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**Applicant:** *Michael Martin*

**Property Owner:** Wayne Works Marine, LLC

**Address of Property:** 211 Hudson Trace

**Tax Parcel #:** 012-1-135-04-0

**Commission District:** District: 7 Super District: 10

**Background:** This is New Location

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**ANALYSIS:** Location restrictions:

- **Zoning:** B-1 (Neighborhood Business)

**LICENSE REQUIRED:**

- Any person desiring to own, operate, conduct, or carry on, in Augusta, Georgia, the business of offering or providing massage therapy, before doing so shall have in his/her possession the current operator's license. A licensee holding an operator's license under this chapter is not authorized or licensed to actually perform the massage therapy on customers of the massage therapy business unless such licensee also holds a massage therapy license. Any person other than an exempt person, employed or otherwise engaged by a massage therapy business to perform massage therapy on members of the public shall, prior to engaging in such activity, have in such person's possession, a then current massage therapy license issued by the Augusta-Richmond County Commission. A licensee holding a massage therapy is not licensed to own, operate, conduct, or carry on a massage therapy business without an operator's license. Any massage therapy business which does not maintain an office in Augusta, but which sends a massage therapist into Augusta to provide massage therapy on an outcall basis, must possess an operator's license. Any person providing massage on an outcall basis must possess a massage therapy license.

### **Qualifications for operator's license: § 6-4-3**

- Must be at least 18 years of age and have received a high school diploma or graduate equivalency diploma.
- Must be a citizen of the United States or alien lawfully admitted.
- Must show ownership in the business.
- Consent to a criminal background
- No operator's license shall be issued to any person convicted of or pleading guilty or nolo contendere to any charge under any federal, state, or local law. Within ten years prior to filing date of application for an operator's license.
- No operator's license shall be issued to any person who has had any license under the police powers of Augusta revoked within two years to filing the application for an operator's license.
- If a person in whose name an operator's license is issued is not a resident of Augusta, such person must appoint and continuously maintain in Augusta a registered agent upon whom any process, notice or demand required or permitted by law or under this chapter may be served.
- An operator's license may be denied where it appears the Augusta Richmond County Commission that the applicant does not have adequate financial strength or adequate financial participation in the proposed business to direct and manage its affairs, or where it appears that the applicant is intended or likely to be a surrogate for a person who would not otherwise qualify for an operator's license.
- At the time of filing the application for an operator's license and thereafter, the applicant must have in his/her employ or under a binding contract, a person who holds a massage therapy license for the applicant if the operator's license is granted

**FINANCIAL IMPACT:** The applicant will pay an administrative fee of \$120.00 for the Massage Operator's License, administrative fee and a fee based on estimated gross revenue reported.

**RECOMMENDATION:** The Planning & Development approved the application subject to additional information not contradicting applicant's statements.

The Sheriff's Office approved the application subject to additional information not contradicting applicant's statements.

**Note:** The staff report includes the information available approximately two weeks prior to the Public Services Committee meeting. It represents an evaluation of the facts presented by the applicant, research done by the staff, and consideration of the relevant factors in the Comprehensive Zoning Ordinance and the Massage Therapy Ordinance of Augusta, Georgia. New facts may emerge, and staff reserves the right to make an oral recommendation at the hearing based on all the information available at that time.



AUGUSTA RICHMOND COUNTY  
PERSONNEL STATEMENT  
1815 MARVIN GRIFFIN ROAD  
AUGUSTA GA 30906

- 1) Full Name of Applicant: Michael Glenn Martin
- 2) Home Address: 4063 Briarwood Dr Augusta GA 30907
- 3) Telephone #: 706 SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

High School Diploma: Yes ☒ No \_\_\_\_\_ or GED: Yes \_\_\_\_\_ No \_\_\_\_\_

- 4) Trade name of Business of which personnel statement is a part of: The Athletic Standard

5) Business Address: 211 Hudson Trace Augusta, GA 30907

6) Business Telephone: 706

7) Position of Applicant in Business: Owner

8) Other names use by applicant: maiden name, names used in former marriages, alias, stagename, and or nicknames \_\_\_\_\_

9) Place of Birth: Augusta, GA U.S. Citizen ☒ Yes ( ) no

Naturalized: \_\_\_\_\_ Date, Place and Court: \_\_\_\_\_

Certification No: \_\_\_\_\_

10) Martial Status: ☒ Married ( ) Divorced ( ) Separated ( ) Widowed ( ) Single ( )

11) If married, divorced, or widowed, complete the information requested below.

Full name of spouse: Brittany Horton Martin SS# \_\_\_\_\_

12) Applicants: Height: 6'1" Weight: \_\_\_\_\_ Age: \_\_\_\_\_

Color Hair: Blonde Color Eyes: Blue

13) Employment Records: (Give most recent experience first. If self-employed, give details.)

From		To		Occupation and Description of Duties Performed	Salaries Received	Employer	State	Reason for Leaving
Month	Year	Month	Year					
2	2021	current		Corrective Exercise specialist		K2 Motion	GA	N/A
6	2019	5	2020	Pest Control		Mountaineer	SC	Poor Work Environment



14) List in reverse chronological order all of your residence for the past ten years.

Month	From		Street	City	State
	Year				
10	2021		4063 Briarwood Dr	Augusta	GA
2	2019		4246 Deerwood Ln	Evans	GA

15) References: Give three personal references, not relatives, former employers, fellow employees, or school teachers, who are responsible, reputable, adults, business or professional men or women, who have known you well during the past five years. (Name, residence, business, address, and number of years known).

Worrey Title 4063 211 Hudson Trace Augusta, GA 706 251 5590 8 years  
 Serry Pickens Culbreath Dr, Evans, GA 706 564 3531 23 years  
 Was Adams 706 446 5901 15 years

16) Military service: ( Serial numbers, branch of service, period of service, type of discharge)

17) Have you ever been arrested, or held by Federal, State, or other law enforcement authorities, for any violations of any federal, state, county or municipal law, regulation or ordinance? (Do not include traffic violations, unless they are offenses pertaining to alcohol or drugs, such as driving under the influence.) All other charges must be included even if they were dismissed: Give reason charged or held, date, place where charged and disposition. 2007 shoplifting, 2008 Disorderly Conduct - Augusta  
 2011 Misdemeanor possession Augusta

18) Attach two (2) copies of driver's license and or picture I.D. to application.

Note: Before signing this statement, check all answers and explanations to see that you have answered all questions correctly. This statement is to be executed under oath and subject to the penalties of false swearing, and it includes all attached sheets submitted herewith.

### VERIFICATION

State of Georgia Richmond County

Michael Martin do solemnly swear, subject to the penalties of false swearing that the statements and answers made by me as the applicant in the foregoing personnel statement are true.

[Signature]  
 Applicant's signature (Full name in ink)

I hereby certify that Michael Martin (the above signed person) is personally known to me, that he/she signed his/her name to the foregoing application stating to me that he/she knew and understood all statement and answers made therein, and, under oath

This 20th day of June in the year 2023

[Signature]  
 Notary Public

Sheriff Department Approval \_\_\_\_\_ Disapproval \_\_\_\_\_

L G Cosby  
 NOTARY PUBLIC  
 Richmond County, GEORGIA  
 My Commission Expires  
 04/05/2026