

**PLANNING & DEVELOPMENT DEPARTMENT
STAFF REPORT**

Case Number: Discussion

Application Type: Massage Operators License

Business Name: Restorative Massage & Wellness Center

Hearing Date: July 25, 2023

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

Applicant: Christina Brady

Property Owner: Murphy Properties, LLC

Address of Property: 204 Pleasant Home Rd

Tax Parcel #: 010-0-069-00-0

Commission District: District: 7 Super District: 10

Background: This is New Location

ANALYSIS: Location restrictions:

- **Zoning:** B-2 (General 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.



PERSONNEL STATEMENT
1803 MARVIN GRIFFIN ROAD
AUGUSTA, GA. 30906

- 1) Full Name of Applicant: Christina Pedarrie Brady
- 2) Home Address: 132 Walsh Way North Augusta, SC 29841
- 3) Telephone #: 706-951-7507 SS#: 5 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: Restorative Massage & Wellness Center
- 5) Business Address: 204 Pleasant Home Rd Augusta, Ga 30907
- 6) Business Telephone: 706-426-1760
- 7) Position of Applicant in Business: Owner/Operator
- 8) Other names used by applicant: maiden name, names used in former marriages, alias, stage name and/or nicknames
- 9) Place of Birth: Indianapolis, Indiana 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: John-Michael Brady SS#
- 12) Applicants: Height: 6'3 Weight: 250 Age:
- Color Hair: Brown 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	Employees	State	Reason for Leaving
Month	Year	Month	Year					
9	17	Current		Owner/Operator	100K	me	Ga	
3	15	2	16	massage therapy / LMT	\$18/hr		Ga	Negative work environment
3	12	12	14	wellness non-profit	31K		TX	moved home



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

From		Street	City	State
Month	Year			
2	20	132 Webb Way	N. Augusta	SC
11	17	1024 Eustis Dr	Augusta	GA
3	17	1024 Eustis Dr	Greenville	GA
11	15	1024 Eustis Dr	Augusta	GA
12	11	10000 Live Oak	San Angelo	TX

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).

Sarah Diaz Martinez 830 Randolph St 1117 Known 15 yrs
Opnie Sanford 3740 Warford Dr Martinez Ga 6 yrs
Andrea McBurny 328 East Ave N. Augusta 29441 20 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. NO

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 herein.

VERIFICATION

State of Georgia Richmond County

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

Christina Brady
 Applicant's signature (Full name in ink)

I hereby certify that Christina Brady
 (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 statements and answers made therein, and, under oath.

This 9 day of June in the year 2023.

Julie Redd
 Notary Public

Sheriff Department Approval _____ Disapproval _____

