

**PLANNING & DEVELOPMENT DEPARTMENT
STAFF REPORT**

Case Number: Discussion

Application Type: Massage Operators License

Business Name: Beyond Body Massage LLC

Hearing Date: January 9, 2024

Report Prepared By: Brian Kepner, Deputy Director Planning & Development

Applicant: *Catrina E. Anderson*

Property Owner: Crumrine II LLC

Address of Property: 1835 Central Ave

Tax Parcel #: 045-3-044-00-0

Commission District: District: 1 Super District: 9

Background: This is New Location

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.



PERSONNEL STATEMENT
1803 MARVIN GRIFFIN ROAD
AUGUSTA, GA. 30906

- 1) Full Name of Applicant: Catrina Elaine Anderson
- 2) Home Address: 529 Goldman St. N. Augusta, SC 29841
- 3) Telephone #: _____ 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: _____
Beyond Body massage LLC
- 5) Business Address: 1835 Central Ave. Augusta, Ga 30904
- 6) Business Telephone: 803- _____
- 7) Position of Applicant in Business: Owner / Massage Therapist
- 8) Other names used by applicant: maiden name, names used in former marriages, alias, stage name 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: _____ SS# _____
- 12) Applicants: Height: 5ft 3in Weight: 220 Age: 38
- Color Hair: Brown/Black Color Eyes: Brown

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					
Jan	22	Dec	23	Massage Therapy		So. Himalayas Salt Cave	GA	Still employed
Apr.	21	Jan	22	Massage Therapy		Salon	GA	Started another job
Mar.	15	Apr	21	Massage Therapy		Massage Envy	GA	Started another job
Nov	14	Mar.	15	Holder Sales Associate		Tween Brands	GA	Started Massage Envy
Feb	14	Nov.	14	Massage Therapy		Massage Envy	GA	Move or back

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

From		Street	City	State
Month	Year			
March	2015	529 Goldman St.	N. Augusta	SC
December	2010	5000 Westminster Way	Camden	SC
November	1983	529 Goldman St.	N. Augusta	SC

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).

April Edwards, tax preparer, Augusta, Ga 5 years
Latrika Mahley Hair Stylist, N. Augusta, SC 10+ years
Porchelle Beal, Salon owner, Augusta, 10 years 1833 central Ave Augusta Ga

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. NID

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

Catrina Anderson 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.

Catrina Anderson
Applicant's signature (Full name in ink)

I hereby certify that Catrina Anderson
(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 4 day of December in the year 2023

[Signature]
Notary Public

Sheriff Department Approval _____ Disapproval _____

