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RECEIVED JUL 01 2025

Department of Finance
745 Forest Parkway Forest Park, GA 30297
Phone: (404)366-4720 Fax: (404)608-2344
www.forestparkga.gov

NEW APPLICATION FOR COMMERCIAL OCCUPATIONAL/BUSINESS TAX CERTIFICATE

Business License are valid for one calendar year, January 1 through December 31, and must be renewed by October 1st of each year.

Failure to renew on or before November 15th, will result in a 10% penalty Ord. Sec. 3-3-18.

Ownership: ☐ Sole Proprietor ☒ Limited Liability Company ☐ Corporation ☐ Partnership ☐ Non-Profit ☐ Other

ESTIMATED GROSS RECEIPTS FOR THE YEAR OR REMAINDER OF YEAR: \$ 49,700 NUMBER OF EMPLOYEES: 1

E-Verify#: _____ FEIN# _____ SSN#(Owner): _____ GA SALES TAX ID#: _____

*Corporations and Partnerships must provide the Names of all Officers and Partners, their Titles, Mailing Addresses, and SSN# on a separate sheet of paper

Have you registered your Trade Name? (optional) ☐ Yes ☐ No (Trade Names are registered through Clayton County Clerk of Superior Court)

Will your Business operate as an Adult Entertainment Establishment or offer and form of Adult Entertainment? ☐ Yes ☒ No

Will your Business operate as a Night Club or Late-Night Entertainment? ☐ Yes ☒ No

Is this Business required by the State of Georgia to have a Professional License, a Clayton County Health/Food Permit or Approved Inspection Report, or any other Regulatory Approval Documentation? ☒ Yes ☐ No (Copy is required)

Detailed Description of Business: Client focused body work to release pain and stress

Corporation Name: Serenity In Every Touch LLC

D/B/A (doing business as): Serenity In Every Touch

Business Address: 1105 Forest Parkway City: Forest Park State: GA Zip: 30297

Business Phone: 404-735-9633 Business Fax: _____ Business Email: serenityineverytouch@gmail.com

Owner 1: CATHERINE LINDSEY Phone: _____ Email Address: serenityineverytouch@gmail.com

Mailing Address: 1105 Forest Parkway City: Forest Park State: GA Zip: 30297

Owner 2: _____ Phone: _____ Email Address: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Contact Person: Catherine Lindsey Phone Number: _____

I, Catherine Lindsey, being the Owner, do hereby certify that the above information is true and correct to the best of my knowledge and belief, completion of this form does not guarantee or grant issuance of an occupational tax certificate/business license. The City of Forest Park reserves the right to not issue or renew a certificate in cases which there are documented violations of the city code and/or ordinances, other taxes or fees are owed to the city by the business or its owners, or in which the business fails to meet the requirements set forth by the City of Forest Park. I understand all occupational taxes and corresponding fees shall be due October 1 and not later than November 15 to avoid a 10% penalty plus monthly 1.5% accrued interest city ordinance code SEC. 9-1-1(A). All city taxes (real & personal), sanitation fees and any other assessments must be paid before payment of license will be accepted. If paying by check you must pay all fees with SEPARATE CHECKS! All delinquent businesses are subject to fines imposed by the city. The business tax division will mail you a renewal application in August each year. **In the event that you do not receive a renewal notice, remember that it is YOUR responsibility to pay your fee by November 15 of the following year to avoid a 10% penalty. ORD SEC. 3-3-18** Any certificate issued without payment of all such assessments shall be revoked if the outstanding assessments are not paid within 30 days of the business owner being notified by the department of finance. For purposes of determining the demand date or the notification date, the date shall be 3 days after the mailing date, excluding, Saturdays, Sundays, and holidays. Please notify us of any changes with your business. All changes should be submitted in writing. Applicants must comply with all applicable state regulations of the proposed business activity.

IMPORTANT INFORMATION FOR APPLICANTS/BUSINESS OWNERS:

- 1) All required licenses/certificates must be obtained prior to the issuance of the occupational tax certificate.
- 2) Non-Profit organizations are required to register with the city before operations may begin, copies of state and federal registration documents need to be submitted with the application
- 3) Licenses are not transferable. If you sell your business, it is your responsibility to notify the city so that your license can be closed. The new owner must apply for a license. If you move your business, you must complete a new application for a business license
- 4) You may check the status of your application at www.egovlink.com/forestpark/action.asp.
- 5) All trash receptacles will be provided by the city.
- 6) A license contractor must obtain all applicable permits prior to any new construction, renovation, demolition, or signage.

Signature of Owner 1/Agent: Catherine Lindsey Signature of Owner 2/Agent: _____

Date Submitted: 7/1/25

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.
- * Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is SERE. You will need to provide this information along with your EIN, if you file your returns electronically.

Safeguard your EIN by referring to Publication 4557, Safeguarding Taxpayer Data: A Guide for Your Business.

You can get any of the forms or publications mentioned in this letter by visiting our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter.

Thank you for your cooperation.

Keep this part for your records.

CP 575 G (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 G
[REDACTED]

Your Telephone Number Best Time to Call
() -

DATE OF THIS NOTICE: 11-06-2024
EMPLOYER IDENTIFICATION NUMBER: [REDACTED]
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023
[REDACTED]

SERENITY IN EVERY TOUCH LLC
CATHERINE LINDSEY SOLE MBR
[REDACTED]
[REDACTED]



Department of Finance
745 Forest Parkway Forest Park, GA 30297
Phone: (404)366-4720 Fax: (404)608-2344

Affidavit Verifying Status for City of Forest Park Business License Application

By executing this affidavit under oath, as an applicant for a loan, grant, tax credit and/or other public benefit, as referenced in O.C.G.A. § 50-36-1, administered by the Georgia Department of Community Affairs, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) ☒ I am a United States Citizen.
- 2) ☐ I am a legal permanent resident of the United States.
- 3) ☐ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit. The secure and verifiable document provided with this affidavit can best be classified as: GA Driver's License

Private Employer of Compliance Pursuant to O.C.G.A. § 36-60-6 (d)

- (A) **More than 10:** By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs more than 10 employees and has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization
- (B) **Less than 10:** By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm, or corporation employs 10 or fewer employees and is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. user identification number and date of authorization are as follows:



More Than 10 Employees



Less Than 10 Employees

Federal Work Authorization User Identification Number

Date of Authorization

In making the above representation under oath, I understand that any person who knowingly and willfully make a false fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation O.C.G.A. 16-10-20, and face criminal penalties as allowed by such statute.

Catherine Lindsey
Signature of Applicant

CATHERINE LINDSEY
Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME

Executed on 1st day of July, 2025 (city), Forest Park State GA

Fatima Fernandez Ochoa
(Notary Signature/Seal)

4/9/2027
My Commission Expires

FATIMA FERNANDEZ OCHOA
Notary Public - State of Georgia
Clayton County
My Commission Expires Apr 9, 2027



Department of Finance - Business License Division
745 Forest Parkway Forest Park, GA 30297
Phone: (404)366-4720 Fax: (404)608-2344

APPLICATION FOR COMMERCIAL SANITATION

****Please fill out this form completely****

***In accordance with City Ordinance 5-2-2-(11)**

1. BUSINESS INFORMATION:

(a) Date Applied: 7/1/2025 Telephone #: 404-735-9633
(b) BUSINESS/CORPORATION/ORGANIZATION NAME: Serenity In Every Touch LLC

(b) DBA name: Serenity In Every Touch LLC

(c) Business Location: 1105 Forest Parkway
Address(Suite/Unit#) (NO P.O. BOX OR VIRTUAL OFFICE)

Forest Park GA 30297 (404)-735-9633
City State Zip Code Business Phone

(d) Mailing Address: 1105 Forest Parkway
Address(Suite/Unit#)

Forest Park GA 30297 (404) 735-9633
City State Zip Code Business Phone

(e) Type of Business: Massage Therapy

2. BUSINESS OWNER INFORMATION

(a) FULL NAME: Catherine Lindsey Title: Owner

(b) Mailing Address: 1105 Forest Parkway
Address(Suite/Unit#)

Forest Park GA 30297 404 735-9633
City State Zip Code Business Phone

Email: Serenityineverytouch@gmail.com Other: _____

Signature: Catherine Lindsey Date: 7/1/25

Account Changes Request

Type of Changes:

Date: ____/____/____

- ☐ Name
- ☐ Service Change
- ☐ Discontinue Service

Reason for Request _____

OFFICE USE ONLY

Acct #: _____ ENTERED IN COMPUTER: ____/____/____



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Phone: (404)366-4720 Fax: (404)608-2344
www.forestparkga.gov

M.A.R.C.
Merchant Awareness Reduces Crime

Please print, read, and fill out this form completely.

Date: 7/1/25 Type of Business: Massage Therapy
Business Name: SERENITY IN EVERY TOUCH LLC
Business Address: 1105 FOREST PARKWAY, FOREST PARK, GA
Email address (if available): serenityineverytouch@gmail.com
Business Phone#: 404 735-9633 Alternate#: [REDACTED] Fax#: [REDACTED]
Owner's Name: CATHERINE LINDSEY Owner's Home Phone#: [REDACTED]
Owner's Home Address: [REDACTED]

Alarm Type(s) (circle all that apply): Burglar Fire Panic Hold-up Other: _____

Alarm Company: N/A Phone#: _____

Do you have any security concerns? If so, please explain:
N/A

Have you noticed any problems in the area of your business? If so, what are they:
N/A

What can we the police do to help maintain a safe working environment? N/A

Emergency contact person: Valene Farrell Phone#: [REDACTED] Cell#: _____
Back-up person: _____ Phone#: _____ Cell#: _____
Back-up person: _____ Phone#: _____ Cell#: _____

OFFICE USE ONLY

CITY HALL: Please route this completed form to the police department upon license approval.

COMMUNICATIONS USE ONLY:

Keyword: _____

Rolodex date: _____

CAD Date: _____



Department of Finance
745 Forest Parkway Forest Park, GA 30297
Phone: (404)366-4720 Fax: (404)608-2344
www.forestaprkga.gov

PROFESSIONAL PRACTITIONER

Have you ever obtained a Professional Business License in the City of Forest Park? Yes ___ No ___

I, CATHERINE D LINDSEY, hereby register my
First Name Middle Initial Last Name

Profession as Massage Therapist; and further certify that I
am duly licensed by the State of Georgia.

PRINCIPAL OFFICE NAME AND LOCATION

(a) Firm/Company Name: Serenity In Every Touch LLC
d/b/a Serenity In Every touch

(c) Business Location: 1105 Forest Parkway, 2nd Floor
Address (Suite/Unit#) (NO P.O. BOX OR VIRTUAL OFFICE) 9633

Forest Park GA 30297 404-735-9633
City State Zip Code Business Phone

(d) Mailing Address: 1105 Forest Parkway
Forest Park GA 30297 404 735 9633
City State Zip Code Business Phone

(e) Telephone: 404-735-9633 (f) Fax Number: _____

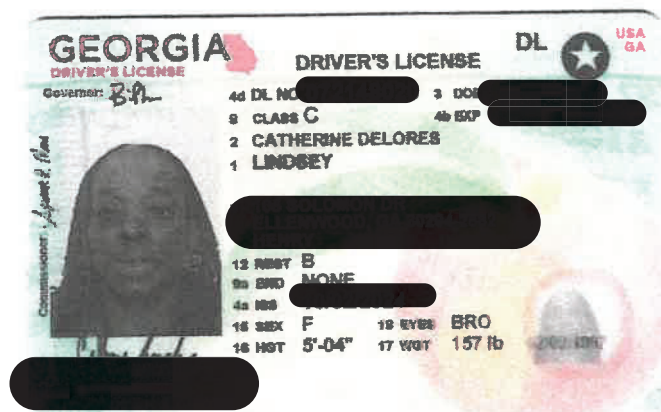
Under penalty of law, I hereby certify and declare that the above information to the best of my knowledge and belief is true and complete. I agree to notify the Office of Occupational Tax should any of the information change.

Signature Catherine Lindsey Date: 7/1/25

I. New applicants must attach a copy of their State of Georgia license for application can be processed.

OFFICE USE ONLY

Acct #: _____ Date: ____/____/____
Amount Due: _____ Approved by: _____



SUBLEASE AGREEMENT

PARTIES

- This Sublease Contract Agreement (hereinafter referred to as the **"Agreement"**) is entered into on 23RD day of May 2025 (the **"Effective Date"**), by and between Catherine Lindsey, (hereinafter referred to as the **"Subtenant"**) and Valerie Farrell (Innovative Hub), (hereinafter referred to as the **"Sublessors"**) (collectively referred to as the **"Parties"**).

Subtenant: Catherine Lindsey
Trade Name: Serenity In Every Touch

PREMISES

- The premises that are to be subleased are located at (address)
1105 Forest Parkway (upstairs)
Forest Park, GA 30297

TERM

- This Agreement shall be effective on the date of signing this Agreement (hereinafter referred to as the **"Effective Date"**) and will end on July 1, 2026.

PAYMENT AND COSTS

- The monthly rent to be paid is \$750. It is to be paid on or before the first day of every month, so that the first rent payment is due on June 1, 2025. The method of payment preferred by both parties is Zelle or Cash.

UTILITIES

- Hereby, both parties agree that the Subtenant is responsible for paying a portion of the Electric bill. Also Water and Gas are the only utilities that are included within the rent payment.


CDL

DEPOSIT

- Prior to taking the occupancy of the premises, the Subtenant will pay the Sublessor an amount of \$0 as a security deposit to cover the cost of any damages suffered by the premises and cleaning.

INSURANCE

- The Subtenant is to arrange renter's insurance that meets the minimum standards required under the Sublessor's original lease.
- In the event the structure of the Premises is damaged as a result of any neglect or negligence of Subtenant, their employees, agents, business invitees, or any independent contractors serving the Subtenant or in any way as a result of Subtenant's use and occupancy of the Premises, then the Subtenant shall be primarily responsible for seeing that the proper claims are placed with the Subtenant's insurance company, or the damaging party's insurance company, and shall furthermore be responsible for seeing that the building is safeguarded with respect to said damage and that all proper notices with respect to said damage are made in a timely fashion, including notice to the Tenant and the party or parties causing said damage. Any damage that is not covered by an insurance company will be the liability of the Subtenant.

Condition of Premises/Inspection by Subtenant

- The Subtenant has had the opportunity to inspect the Premises and acknowledges with its signature on this Agreement that the Premises are given in "as is" condition and comply in all respects with the requirements of this Agreement. Furthermore, the Tenant makes no representation or warranty with respect to the condition of the Premises or its fitness or availability for any particular use, and the Tenant shall not be liable for any latent or patent defect therein. Furthermore, the Subtenant represents that Subtenant has inspected the Premises and is leasing and will take possession of the Premises with all current fixtures present in their "as is" condition as of the date hereof.

TERMINATION

- This Agreement may be terminated in the event that any of the following occurs: 1. At any given time by providing written notice to the other party 60 days prior to terminating the Agreement.

 CDL

ENTIRE AGREEMENT

- This Agreement contains the entire agreement and understanding among the Parties hereto with respect to the subject matter hereof, and supersedes all prior agreements, understandings, inducements and conditions, express or implied, oral or written, of any nature whatsoever with respect to the subject matter hereof. The express terms hereof control and supersede any course of performance and/or usage of the trade inconsistent with any of the terms hereof.

Landlord Info

- Landlord has given consent for subletting office space at
1105 Forest Parkway
Forest Park, GA 30297

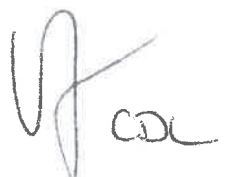
Landlord's Mailing Address:
RSDC GROUP LLC
660 Ripple Water Run
Lilburn, GA 30047
Attn: Jay Gill

AMENDMENTS

- The Parties agree that any amendments made to this Agreement must be in writing, where they must be signed by both Parties to this Agreement. Accordingly, any amendments made by the Parties will be applied to this Agreement.

SIGNATURE AND DATE

- The Parties hereby agree to the terms and conditions set forth in this Agreement and such is demonstrated by their signatures below:

A handwritten signature, possibly reading 'J. Gill', followed by the initials 'CDL'.

Witness the following signatures:

SUBLESSOR: INNOVATIVE HUB

Registered Tenant:- Valerie Farrell

Signature  5/23/25

Name: VALERIE FARRELL

Title: Tenant of 1105 Forest Parkway, Forest Park GA 30297
Innovative Hub

SUBTENANT: Serenity In Every Touch

Signature:  5/23/25

Name: Catherine Lindsey

Title: Owner Serenity In Every Touch

COMMERCIAL LEASE ADDENDUM

1. **THE PARTIES.** This Lease Addendum ("Addendum"), made effective as of 05/15/2025, is by and between:

Landlord: RSDC GROUP / JASDEV GILL ("Landlord") and

Tenant: VALERIE FARRELL ("Tenant").

The Landlord and Tenant are each referred to herein as a "Party" and, collectively, as the "Parties."

2. **ORIGINAL LEASE.** This Addendum is being added to the lease agreement between the Parties, dated 07/01/2024, for the property located at 1105 FOREST PARKWAY, FOREST PARK GA 30297 ("Original Lease").

3. **ADDITIONAL TERMS.** The following terms and conditions shall be added to the Original Lease:

TENANT WILL TAKE ON LEASING RESPONSIBILITIES FOR THE UPSTAIRS UNIT AT MENTIONED PROPERTY. THE RENT WILL INCREASE TO \$1500 MONTHLY STARTING JUNE 1, 2025. ALSO SUBLEASING IF NOT MENTIONED IN THE ORIGINAL LEASE IS ALLOWED AND TENANT WILL TAKE FULL RESPONSIBILITY FOR SUBTENANT. ORIGINAL LEASE TERMS STILL APPLY

Except as specifically mentioned in this Addendum, all other terms and conditions of the Original Lease shall remain in full force and effect.

4. **EXECUTION.** This Addendum may be executed in counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

Landlord Signature: [Signature]

Date: 5/1/2025

Print Name: JASDEV GILL

(678) 778-4125

Tenant Signature: [Signature]

Date: 5/15/25

Print Name: VALERIE FARRELL

(646) 538-5405

Date of this notice: 11-06-2024

Employer Identification Number:
[REDACTED]

Form: SS-4

Number of this notice: CP 575 G

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

SERENITY IN EVERY TOUCH LLC
CATHERINE LINDSEY SOLE MBR
[REDACTED]
[REDACTED]

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN [REDACTED]. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

<p>Affix your 2"x2" photo, taken within the last two years.</p>		<p>STATE OF GEORGIA Brad Raffensperger, Secretary of State Georgia Board of Massage Therapy Massage Therapist LICENSE NO. MT015292 Catherine D Lindsey [REDACTED] [REDACTED] EXP DATE - 10/31/2026 Active</p>


A pocket-sized license card is below. Above is an enlarged copy of your pocket card.

Please make note of the expiration date on your license. It is your responsibility to renew your license before it expires. Please notify the Board if you have a change of address.

Wall certificates suitable for framing are available at cost, see board fee schedule. To order a wall certificate, please order from the web site – www.sos.state.ga.us/plb.

Please refer to Board Rules for any continuing education requirements your profession may require.

Georgia State Board of Professional Licensing
237 Coliseum Drive
Macon GA 31217
Phone: (404) 424-9966
www.sos.ga.gov/plb

<p>Affix your 2"x2" photo, taken within the last two years.</p>		<p>STATE OF GEORGIA Brad Raffensperger, Secretary of State Georgia Board of Massage Therapy Massage Therapist LICENSE NO. MT015292 Catherine D Lindsey [REDACTED] [REDACTED] EXP DATE - 10/31/2026 Active</p>

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF ORGANIZATION

I, **Brad Raffensperger**, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

Serenity In Every Touch LLC
a Domestic Limited Liability Company

has been duly organized under the laws of the State of Georgia on **11/06/2024** by the filing of articles of organization in the Office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal in the City of Atlanta
and the State of Georgia on **11/14/2024**.



Brad Raffensperger

Brad Raffensperger
Secretary of State

ARTICLES OF ORGANIZATION

Electronically Filed
Secretary of State
Filing Date: 11/6/2024 4:56:04 PM

BUSINESS INFORMATION

CONTROL NUMBER	24209352
BUSINESS NAME	Serenity In Every Touch LLC
BUSINESS TYPE	Domestic Limited Liability Company
EFFECTIVE DATE	11/06/2024

PRINCIPAL OFFICE ADDRESS

ADDRESS	1105 Forest Parkway, Forest Park, GA, 30297, USA
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REGISTERED AGENT

NAME	ADDRESS	COUNTY
Catherine Lindsey	1105 forest Parkway, Forest park, GA, 30294, USA	Fulton

ORGANIZER(S)

NAME	TITLE	ADDRESS
Catherine Lindsey	ORGANIZER	1105 Forest Parkway, Forest park, GA, 30297, USA

OPTIONAL PROVISIONS

N/A

AUTHORIZER INFORMATION

AUTHORIZER SIGNATURE	Catherine Lindsey
AUTHORIZER TITLE	Organizer