



Village of Carol Stream

500 N. Gary Ave. Carol Stream, Illinois 60188
Phone: 630-665-7050 • Fax: 630-665-1064

Office Use Only Received: _____ Amount Paid: _____ Receipt: _____

MESSAGE ESTABLISHMENT LICENSE APPLICATION

IMPORTANT: Application must be **completed in full** and **notarized** before it will be accepted.

All fees must be paid at the time the application is submitted.

Annual License Application Fee: \$500

Fingerprint Fee: \$150.00 per person (*if new owner*)

NOTE: Each person having an ownership interest of five (5%) percent or more and each Manager must be fingerprinted by the Carol Stream Police Department and provide a government issued photo identification card with this application.

- New License Application Renewal Application Application Change
- Please select the option that best describes your business:
 Corporation/Limited Liability Company Partnership Individual
- Business Name: _____ IBT#: _____
Doing Business As (*Common Name*): _____
Business Address: _____ Business Phone: _____
Email Address: _____ FEIN: _____
- Information regarding Property upon which Massage Establishment will be operated. If the Property will be leased, a copy of the lease agreement must be attached. If the Property is in owned in trust, the name, address and phone number of each beneficial interest holder of the trust must be provided.
Address of Massage Establishment: _____
Name of Owner of Property: _____
Address of Owner of Property: _____
Business Phone of Owner of Property: _____ Email Address: _____
- Applicant name: _____ Home Phone: _____
Relationship of Applicant to Business: (*Sole Proprietor, Director of Corporation, Manager of Limited Liability Corporation, Partner*) _____
Home Address: _____ City/Zip: _____
Previous Home Address: _____ City/Zip: _____

Next Previous Home Address: _____ City/Zip: _____

Social Security #: _____ Date of Birth: _____

Driver's License #: _____ Issuing State: _____

6. Have you ever been convicted of a crime (other than minor traffic offenses):

Yes No

7. If yes, explain in detail:

8. Days/Hours of Operation: _____

9. Will the business be supervised by a manager (a manager or owner must be on site during business hours):

Yes No

If no, please explain:

10. Name of Manager: _____ Home Phone: _____

Home Address: _____ City/Zip: _____

Driver's License #: _____ Date of birth: _____

Name of Manager: _____ Home Phone: _____

Home Address: _____ City/Zip: _____

Driver's License#: _____ Date of birth: _____

11. List Manager's previous ten years' employment history:

Employer: _____ Phone: _____

Address: _____ Occupation: _____

Dates of employment: From: _____ To: _____

Employer: _____ Phone: _____

Address: _____ Occupation: _____

Dates of employment: From: _____ To: _____

Employer: _____ Phone: _____

Address: _____ Occupation: _____

Dates of employment: From: _____ To: _____

Employer: _____ Phone: _____

Address: _____ Occupation: _____

Dates of employment: From: _____ To: _____

Employer: _____ Phone: _____

Address: _____ Occupation: _____

Dates of employment: From: _____ To: _____

12. Has the manager ever been convicted of a crime (other than minor traffic offenses)?

Yes No

If yes, explain in detail:

13. Will business be operated by appointment only? Yes No

14. If you answered Yes to #13, will walk-ins be accepted? Yes No

15. License and/or permit history. List all prior Massage Licenses/Permits and current status (use additional sheet if needed):

Issuing authority: _____ Status: _____

Issuing authority: _____ Status: _____

16. Has any owner or any of your licensed massage therapists been sanctioned by the Illinois Department of Professional Regulation concerning your licensure? **As a reminder and per Illinois law, all Massage**

Therapists practicing inside the State of Illinois must be licensed by State of Illinois. Out of state licensees are NOT valid in Illinois. Yes No

17. If any prior licenses/permits have been revoked/suspended, state the reason and disposition:

Reason: _____ Disposition: _____

Reason: _____ Disposition: _____

18. Describe the building and specific location within the building where the Massage business will be conducted:

****ATTACH A FLOOR LAYOUT/DIAGRAM OF THE BUSINESS****

****ATTACH LEASE OF PREMISES IF APPLICABLE****

Approximate floor area devoted to the principal business: _____

Approximate floor area devoted to Massage stations: _____

Approximate total floor area of premises: _____

Name of Premises Owner: _____ Address: _____

19. Describe other activities or business to be operated on the same premises or on adjoining premises owned or controlled by the applicant.

20. List all massage therapists, or other employees. This list must be updated with the Office of the Clerk within 10 days of any employment change. A current copy of the massage therapist license issued by the Illinois Department of Professional Regulation must be attached for each massage therapist employed.

Name: _____ Home phone: _____

Address: _____ City/Zip: _____

Illinois Massage License Number: _____ Position: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____ Sex: _____

Name: _____ Home phone: _____

Address: _____ City/Zip: _____

Illinois Massage License Number: _____ Position: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____ Sex: _____

Name: _____ Home phone: _____

Address: _____ City/Zip: _____

Illinois Massage License Number: _____ Position: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____ Sex: _____

Name: _____ Home phone: _____

Address: _____ City/Zip: _____

Illinois Massage License Number: _____ Position: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____ Sex: _____

Name: _____ Home phone: _____

Address: _____ City/Zip: _____

Illinois Massage License Number: _____ Position: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____ Sex: _____

Name: _____ Home phone: _____

Address: _____ City/Zip: _____

Illinois Massage License Number: _____ Position: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____ Sex: _____

Name: _____ Home phone: _____

Address: _____ City/Zip: _____

Illinois Massage License Number: _____ Position: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____ Sex: _____

OWNERSHIP INFORMATION:

YOU MUST COMPLETE OWNERSHIP INFORMATION FOR EACH PERSON HOLDING AN OWNERSHIP INTEREST IN THE MASSAGE ESTABLISHMENT AS PROVIDED BELOW. COMPLETE A SEPARATE INFORMATION SHEET FOR EACH OWNER AS SET FORTH

OWNERSHIP INFORMATION:

- 1. If the business is a **corporation or limited liability company**, the names and residence addresses of each of the officers and directors of the corporation or company and of each stockholder owning more than five percent (5%) of the stock of the corporation or company, and the address of the corporation or company itself, if different from the address of the massage establishment.
- 2. If business is a **partnership**, the names and residence addresses of each of the partners including limited partners, and the address of the partnership itself, if different from the address of the massage establishment.

OWNERSHIP INFORMATION: Please complete the following information for EACH PERSON HOLDING AN OWNERSHIP INTEREST AS PROVIDED ABOVE.

First Name: _____ Middle: _____ Last Name: _____
Height: _____ ft _____ in Weight: _____ lbs Eye Color: _____ Hair Color: _____

Ownership Interest in Business: _____
Current Address: _____ City, State, ZIP: _____
Previous Address 1: _____ City, State, ZIP: _____
Previous Address 2: _____ City, State, ZIP: _____

Previous Employment. List your occupation or employment for the past 3 years:

Employer: _____ Title: _____ Dates Employed: _____

Business Address: _____ City, State, ZIP: _____

Employer: _____ Title: _____ Dates Employed: _____

Business Address: _____ City, State, ZIP: _____

Employer: _____ Title: _____ Dates Employed: _____

Business Address: _____ City, State, ZIP: _____

Employer: _____ Title: _____ Dates Employed: _____

Business Address: _____ City, State, ZIP: _____

Business License History. Has the applicant had any business or operating license suspended, in this or any other municipality, for any type of business? YES _____ NO _____

If YES, Please explain the reason for revocation or suspension and the occupation or business activity conducted during the time of revocation or suspension.

Criminal History. List all criminal convictions other than misdemeanor traffic violations, including the dated of convictions, nature of the crimes, and the place convicted.

Additional Businesses. List the business name and address for any other businesses you currently operate or in which you have an ownership interest.

I/We, the undersigned, being first duly sworn, say that I/we have read the foregoing application, that we have provided all of the information requested, that the statements therein are true, complete, and correct and are upon my/our personal knowledge and information and the Village of Carol Stream and/or its agents are authorized to inspect the business premises/information provided and that I/we will not violate any of the ordinances of the Village of Carol Stream or the laws of the State of Illinois or the laws of the United States of America, in the conduct of the place of business described herein.

Signature of Applicant: _____

Printed name of Applicant: _____

Signature of Applicant: _____

Printed name of Applicant: _____

State of Illinois)
) SS
County of _____)

I, _____, a Notary Public in and for said county in the state aforesaid, do hereby certify that the applicant(s) listed above, appeared before me this day in person and acknowledged that he/she/they signed the foregoing application as his/her/their free and voluntary act for the use and purposes therein set forth.

Given under my hand and notarial seal this _____ day of _____, _____.

SEAL

Notary Public