



# VILLAGE OF LAKE BLUFF

## Massage Establishment License Application

### **CONTACT INFORMATION:**

Name of business: \_\_\_\_\_

Name of Applicant/Manager: \_\_\_\_\_

Social Security Number of Applicant/Manager: \_\_\_\_\_

Applicant's phone: \_\_\_\_\_

Business phone: \_\_\_\_\_

Address of place of business for which application is made: \_\_\_\_\_

\_\_\_\_\_

### **BUSINESS INFORMATION:**

Date of incorporation: \_\_\_\_\_

Does Applicant own premise for which license is sought? \_\_\_\_\_

State whether the Applicant is (i) an individual or (ii) a partnership, firm association or corporation:

\_\_\_\_\_

Residence Address(es) for past three years (attach additional page(s) if needed): \_\_\_\_\_

\_\_\_\_\_

Business, occupation, or employment of Applicant, as well as address, for the past three years (attach additional page(s) if needed): \_\_\_\_\_

\_\_\_\_\_

Has any license previously issued to the Applicant been revoked or suspended by any State, Federal, or Local Authority? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any previous experience in massage therapy, including States where the Applicant holds a license to operate a massage therapy business (attach additional page(s) if needed): \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Names, current addresses, dates of birth of **all** employees (attach additional page(s) if needed): \_\_\_\_\_

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**The following information must be attached to the application:**

1. A copy of a valid license issued by the State of Illinois Department of Financial and Professional Regulation for each massage therapist who will provide massage services at the massage establishment.
2. Evidence that all employees are at least 18 years of age.
3. Confirmation from the Lake Bluff Community Development Department (847-283-6885) that the proposed licensed premises is in conformity with Federal/State regulations and ordinances of the Village.
4. Valid State of Illinois ID (i.e. driver's license).

Please know the Village Administrator has the authority to request information and assistance from any governmental agency as part of the authorized investigation of the Applicant or any employee. If, after evaluating the information provided in this application, the Village Administrator determines that a criminal background check of the applicant or any employee is required in order to process the application, criminal background check forms will be completed and forwarded to the Illinois State Police who will conduct a criminal background investigation as to the applicant or employee(s). The Applicant will be responsible for all costs associated with each criminal background investigation, including a fee in the amount of \$100 per person. Background investigation fees are in addition to the \$100 application fee. Payment of all applicable fees, including the application fee and any required background investigation fees, must be completed before a license can be issued.

**LICENSE FEE AND OWNER'S SIGNATURE:**

<i>SECTION TO BE COMPLETED BY THE APPLICANT</i>		<i>OFFICE USE ONLY</i>
<b>TYPE OF BUSINESS</b>	<b>REQUIRED FEE</b>	<b>FEE PAID</b>
<input type="checkbox"/> Massage Establishment	\$100.00 – Application Fee \$ _____	\$ _____

*The undersigned swears that the Applicant will not violate any ordinances of the Village of Lake Bluff, or laws of the State of Illinois, or laws of the United States of America, in the conduct of the place of business described herein and that the statements contained in this application are true and correct to the best of our knowledge and belief.*

License Expiration Date: April 30, 2015

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**