

CITY OF ST. CHARLES
TWO EAST MAIN STREET
ST. CHARLES, ILLINOIS 60174-1984



DEPARTMENT: MAYOR'S OFFICE

PHONE: 630.377.4422

MASSAGE ESTABLISHMENT LICENSE APPLICATION
NON-REFUNDABLE

Annual License Application Fee: \$250.00 **Fingerprint Fee:** \$50.00 (*if new owner*)

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 and a current certificate of insurance must be included with this application.

NOTE: Applicant **must be fingerprinted by the St. Charles Police Department** and **must provide two passport-size photographs** (2 x 2 inches, head and shoulders area, facing forward) with this application.

-
1. New License Application Renewal Application
2. Please select the option that best describes your business:
- Corporation Partnership Individual
3. Business Name: _____ Sales Tax#: _____
Business Address: _____ Business Phone: _____
4. Name of Applicant: _____ Home Phone: _____
Home Address: _____ City/Zip: _____
Email Address: _____ Social Security #: _____ Date of Birth: _____
Driver's License #: _____ Issuing State: _____
****Must include a photocopy of government issued identification card.**
5. Have you ever been convicted of a criminal or ordinance violation? (other than minor traffic offences):
- Yes No
6. If yes, explain in detail:
- _____
- _____
- _____
7. Days/Hours of Operation: _____

8. Will the business be supervised and conducted by a manager?: Yes/No_____

If no, please explain:

9. Name of Manager:_____ Home Phone:_____

Home Address:_____ City/Zip:_____

Social Security #:_____ Date of birth:_____

10. List as indicated previous three 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:_____

11. Has the manager ever been convicted of a criminal or ordinance violation (other than minor traffic offenses): Yes/No_____

If yes, explain in detail:

12. Will you operate by appointment only? Yes/No_____

13. If you answered Yes to #12, will walk-ins be accepted? Yes/No_____

14. 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:_____

15. Have you 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_____

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 If any prior licenses/permits have been revoked/suspended, state the reason and disposition:

Reason:_____ Disposition:_____

Reason:_____ Disposition:_____

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

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

Approx sq ft of principal business:_____ Massage stations_____ Premises_____

18. Describe other activities or business conducted at this location:

19. List as indicated all massage therapists and employees. This list must be updated with the office of the Liquor Commissioner within 10 days of any employment change.

Name: _____ Home phone: _____

Address: _____ City/Zip: _____

Position employed: _____

State of Illinois Massage License Number: _____

Name: _____ Home phone: _____

Address: _____ City/Zip: _____

Position employed: _____

State of Illinois Massage License Number: _____

Name: _____ Home phone: _____

Address: _____ City/Zip: _____

Position employed: _____

State of Illinois Massage License Number: _____

Name: _____ Home phone: _____

Address: _____ City/Zip: _____

Position employed: _____

State of Illinois Massage License Number: _____

This Section for Corporate or Partnership Applications Only

1. List each officer, director or shareholder owning 20% or more stock or controlling interest of the corporation/partnership:

Name	Address	Home Phone #	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Has any officer, manager, director or shareholder owning 20% or more of the stock of the corporation ever been convicted of a criminal or ordinance violation (other than minor traffic offenses)?

Yes No

3. If yes, explain in detail:

Affidavit

State of Illinois)
) SS
County of Kane)

I/We, the undersigned, being first duly sworn, say that I/we have read the foregoing application and that the statements therein are true, complete, and correct and are upon my/our personal knowledge and information and that I/we will not violate any of the ordinances of the City of St. Charles 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 _____

Signature of Applicant _____

I, _____, a Notary Public in and for said county in the state aforesaid, do hereby certify that the applicant(s), 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