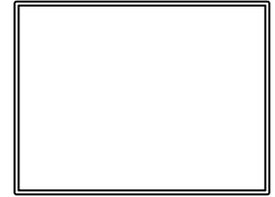




City of St. Charles

Office of the Mayor

Two East Main Street
St. Charles, Illinois 60174-1984
Phone: 630-377-4445 • Fax: 630-377-4440



S A G E E S T A B L I S H M E N T L I C E N S E A P P L I C A T I O N

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: \$250.00

Fingerprint Fee: \$50.00

NOTE: Applicant **must be fingerprinted by the St. Charles Police Department** and **must provide two passport-size photographs** (1" x 1.5" head and shoulders area, face forward) with this application.

1. New License Application Renewal Application Application Change

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: _____

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 ordinance violation (other than minor traffic offences):

Yes

No

6. If yes, explain in detail:

7. Will the business be supervised and conducted by a manager:

- Yes No

8. Name of Manager: _____ Home Phone: _____

Home Address: _____ City/Zip: _____

Social Security #: _____ Date of birth: _____

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

- Yes No

10. If yes, explain in detail:

11. 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: _____

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 If any prior licenses/permits have been revoked/suspended, state the reason and disposition:

Reason: _____ Disposition: _____

Reason: _____ Disposition: _____

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

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

Approximate floor area devoted to the principal business: _____

Approximate floor area devoted to Massage stations: _____

Approximate total floor area of premises: _____

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

15. 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: _____

16. 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: _____

Name: _____ Home phone: _____

Address: _____ City/Zip: _____

Position employed: _____

Name: _____ Home phone: _____

Address: _____ City/Zip: _____

Position employed: _____

Name: _____ Home phone: _____

Address: _____ City/Zip: _____

Position employed: _____

Name: _____ Home phone: _____

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Position employed: _____

Name: _____ Home phone: _____

Address: _____ City/Zip: _____

Position employed: _____

Name: _____ Home phone: _____

Address: _____ City/Zip: _____

Position employed: _____

Name: _____ Home phone: _____

Address: _____ City/Zip: _____

Position employed: _____

TO BE COMPLETED BY THE CITY OF ST. CHARLES

ENDORSEMENT OF THE CHIEF OF POLICE

Recommend Issuing: Yes No Date: _____

Comments: _____

Signature

ENDORSEMENT OF THE BUILDING & HEALTH COMMISSIONER

Recommend Issuing: Yes No Date: _____

Comments: _____

Signature

ENDORSEMENT OF THE FINANCE DIRECTOR

Recommend Issuing: Yes No Date: _____

Comments: _____

Signature

ENDORSEMENT OF THE MAYOR

Recommend Issuing: Yes No Date: _____

Comments: _____

Signature