



# City of St. Charles

## Office of the Mayor

Two East Main Street  
St. Charles, Illinois 60174-1984  
Phone: 630-377-4455 • Fax: 630-377-44400

<b>Office Use Only</b>
Received: _____
Amount Paid: _____
Receipt: _____

### MESSAGE ESTABLISHMENT LICENSE APPLICATION

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**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:

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 If any prior licenses/permits have been revoked/suspended, state the reason and disposition: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

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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:

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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: \_\_\_\_\_

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: \_\_\_\_\_

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