



CITY OF PARK RIDGE

505 BUTLER PLACE
PARK RIDGE, IL 60068
TEL: 847/ 318-5291
FAX: 847/ 318-6411
TDD:847/ 318-5252
URL:<http://www.parkridge.us>

DEPARTMENT OF COMMUNITY
PRESERVATION AND DEVELOPMENT

**MESSAGE THERAPY ESTABLISHMENT
LICENSE APPLICATION**

Business Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Date _____

OWNER/OPERATOR INFORMATION

Last First Middle Initial

Business Owner Name _____

Home Address _____

City _____ State _____ Zip Code _____

Home Telephone Number _____

Date of Birth _____ Sex _____ Social Security Number _____

Drivers License Number _____

Height _____ Hair Color _____ Eye Color _____ Weight _____

ALL APPLICATIONS MUST BE HAND DELIVERED BY THE APPLICANT TO THE ENVIRONMENTAL HEALTH DIVISION AT 505 BUTLER PLACE 2ND FLOOR APPLICANTS MUST CALL 847-318-5281 TO SCHEDULE AN APPOINTMENT FOR FINGERPRINTING AND APPOINTMENT FOR SUBMITTAL

Affix a recent head and shoulder photograph.



Park Ridge Massage Therapy License Number _____ or State of Illinois Professional License Number (professional license that permits some form of massage therapy) of the applicant _____

Has the applicant ever been arrested for any sex offense or forcible felony as defined in Chapter 720 of the Illinois Compiled Statutes? YES _____ NO _____

If yes, in what community and state did the arrest occur, what was the date of the arrest, what was the outcome of the court hearing (for example: Were you convicted of, pleaded nolo contendere to, received supervision or suffered forfeiture on a bond charge, or was the case dismissed?)

a.) _____

b.) _____

c.) _____

Has the applicant ever held a massage therapy establishment license or a massage therapy license in any other Village, City or State? YES _____ NO _____

If Yes, Provide the NAME of the Village, City or State _____

Has the applicant ever had a massage therapy establishment license or massage therapy license revoked or suspended? YES _____ NO _____

If yes, what was the date, and what was the basis for the revocation. _____

If the applicant is a partnership, association, corporation, or organization of any kind, each of the partners, officers, directors and shareholders of any corporation not registered under the Securities and Exchange Act of 1934 shall provide all the owner information listed above on a separate sheet of paper

I hereby certify that the information provided in this application and all attached documents is true, complete and accurate.

Applicant signature

SUBSCRIBED AND SWORN TO

Before me this _____ day of, _____

Notary Public

REQUIRED DOCUMENT ATTACHMENTS

1. A scaled floor plan of the massage therapy establishment that shows all equipment, furniture and fixtures;
2. A room finish schedule;
3. A \$75.00 Initial application fee;
4. Copy of the lease, deed or other legal instrument that names and grants the business owner/operator (s) possession or use of the building, establishment or portion thereof for a massage therapy establishment;
5. Written Evidence of Age and Proof of Identity(i.e. **copy of a drivers license**);
6. A copy of the State Professional License that permits massage therapy (i.e. naprapathy, cosmetology, etc.);
7. Photograph to be attached in the area provided on page 2 of this application;
8. Application is notarized and;
9. One of the following documents must be also be provided to establish employment eligibility in the United States:

U.S. Social Security Card or certification of birth abroad issued by the Dept. of State (Form FS-545 or DS-1350) **or** original or certified copy of a birth certificate issued by a state, county, municipal authority, or outlying possession of the United States bearing an official seal or **Native** American tribal document or U.S. Citizen ID Card (INS FORM I- 197) or ID Card for use of resident citizen in the United States (INS Form I-179) or Unexpired employment authorization document issued by the INS

Office Use

DATE APPLICATION RECEIVED _____

INITIAL APPLICATION FEE OF \$75.00 SUBMITTED _____

Police Department

Background Investigating Officer _____

The applicant's statements regarding any forcible felony or sex offenses have been confirmed through background investigation:

YES _____ NO _____

LICENSE: APPROVED _____ NOT APPROVED _____

BY _____
Environmental Health Officer

Reasons for denial:

Last Revised April 9, 2010