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

MASSAGE THERAPY ESTABLISHMENT LICENSE RENEWAL APPLICATION

Date: _____

Business Name		
Address		
City	State	Zip Code
Telephone Number	Alternate Telephone Number	

Owner's Name		
Home Address		
City	State	Zip Code
Telephone Number	Alternate Telephone Number	

Building Owner's Name/Agent			
Address			
City		State	Zip Code
Telephone Number		Alternate Telephone Number	

Provide the name and the license number for each massage therapist who carries on, engages in or practices massage therapy at this establishment.

Last First Middle Initial

Name _____

State of Illinois Massage Therapist License Number _____

Last First Middle Initial

Name _____

State of Illinois Massage Therapist License Number_____

Last First Middle Initial

Name _____

State of Illinois Massage Therapist License Number _____

Last First Middle Initial

Name _____

State of Illinois Massage Therapist License Number _____

Last First Middle Initial

Name _____

State of Illinois Massage Therapist License Number _____

Last First Middle Initial

Name _____

State of Illinois Massage Therapist License Number _____

Last First Middle Initial

Owner/Operator _____

Owner/Operator State of Illinois Massage Therapist License Number _____

_____
Signature of Owner/Operator

The License for a massage therapy establishment will be REVOKED if it is determined that the information on this application is not accurate. Massage therapy establishment owners are responsible for keeping the information on their License Application current.

DATE APPLICATION RECEIVED _____

$50.00 RENEWAL FEE SUBMITTED _____

LICENSE APPROVED BY _____
Environmental Health Officer

LICENSE **NOT** APPROVED BY _____
Environmental Health Officer

CP&D 4/2010