



Village of Woodridge

MASSAGE ESTABLISHMENT LICENSE APPLICATION

APPLICATION IS HEREBY MADE TO THE VILLAGE OF WOODRIDGE FOR A MASSAGE ESTABLISHMENT LICENSE UNDER THE CODE OF ORDINANCES OF THE VILLAGE OF WOODRIDGE. LICENSE APPLICATIONS WILL NOT BE ACCEPTED UNLESS INFORMATION IS PROVIDED IN FULL.

PLEASE PRINT LEGIBLY OR TYPE

1. GENERAL INFORMATION

a. Applicant

Name: _____
Last First Full Middle Maiden

Nicknames or Aliases: _____

Home Address: _____
Street Address Unit No.

City State Zip

Email: _____ Home Phone: _____

Drivers License Number: _____ State of License: _____

Social Security Number: _____

Date of Birth: _____ Male/Female (circle one)

Please state the name, address, and telephone number of any and all business, occupations, or employment that the applicant has held during the past three (3) years:

Please state the two (2) previous addresses immediately prior to the present address of the applicant:

b. Status of Business

Individual(s) or Sole Proprietorship _____ Corporation(s) _____ Partnership _____

Is applicant the beneficial owner of the business to be operated? Yes _____ No _____

Partnership – In Section 5, provide the names and residence addresses of each of the partners including limited partners, and the address of the partnership itself, if different from the address of the massage establishment.

Corporation or limited liability company- In Section 6, provide the names and residence addresses of each of the officers and directors of said corporation or company and of each stockholder owning more than ten percent (10%) of the stock of the corporation or company, and the address of the corporation or company itself, if different from the address of the massage establishment.

2. BUSINESS INFORMATION

a. Location and Management

Business Name: _____

Business Address: _____
Street Address Suite No.

City State Zip

Business Phone: _____

Please describe the proposed massage establishment and list the types of services, activities or business to be conducted there:

Please provide the name and address of any massage, or other business, that is owned or operated by any person listed in Sections 1a and 1b above.

Please attach a diagram showing the internal and external configuration of the proposed business location including all doors, windows, entrances, exits, fixed structural internal features, interior rooms, walls, partitions, stages, performance areas, and restrooms. (An engineer's or architect's blueprint is not required, however, each diagram shall be oriented to the north or to some designated street or object and shall be drawn to a designated scale or with marked dimensions to an accuracy of plus or minus six inches. The drawing should be sufficient to show clearly the various interior dimensions of all areas of the proposed location to demonstrate compliance with the provisions found in the Village Code).

Number of Employees: _____ Full Time _____ Part Time _____

Number of Massage Therapists: _____

Square Footage of Business: _____ Zoning Classification: _____

Illinois Retail Occupational Tax No: _____
(Also known as the Illinois Business Tax No.)

If no Illinois Retail Occupational Tax Number is provided, please explain why:

Will business be conducted by a manager on behalf of the applicant? Yes _____ No _____

If yes, fill out the following information:

Manager's Name:

Last First Full Middle Maiden

Manager's Address:

Street Address Unit No.

City State Zip

Manager's Email: _____ Manager's Home Phone: _____

Manager's Driver's License Number: _____

State of License: _____

Managers' Social Security Number: _____

Manager's Date of Birth: _____ Male/Female (circle one)

Please state the name, address, and telephone number of any and all business, occupations, or employment that the manager has held during the past three (3) years:

Please state the two (2) previous home addresses immediately prior to the present address of the manager:

b. Ownership Information (list owners of beneficial interest if the property is held in trust)

Property Owner: _____

Owner Address: _____

Street Address Unit No.

City State Zip

IF THE PROPERTY IS OWNED, PLEASE ATTACH A COPY OF YOUR DEED.

3. IF THE PROPERTY IS LEASED:

Leasing Agent Name: _____

Leasing Agent Email: _____

Leasing Agent Address: _____

Street Address

Suite No.

City

State

Zip

Dates of Lease: _____

PLEASE ATTACH A COMPLETE, EXECUTED COPY OF YOUR LEASE.

4. IF THE BUSINESS IS INDIVIDUALLY OWNED:

Name: _____

Last

First

Full Middle

Maiden

Home Address: _____

Street Address

Unit No.

City

State

Zip

Email: _____ Home Phone: _____

Drivers License Number: _____ State of License: _____

Social Security Number: _____

Date of Birth: _____ Male/Female (circle one)

5. IF THE BUSINESS IS OWNED BY A PARTNERSHIP:

Date of Formation: _____

Partner Name (1): _____

Last

First

Full Middle

Maiden

Home Address: _____

Street Address

Unit No.

City

State

Zip

Email: _____ Home Phone: _____

Drivers License Number: _____

State of License: _____

Social Security Number: _____

Date of Birth: _____ Male/Female (circle one)

Partner Name (2): _____
Last First Full Middle Maiden

Home Address: _____
Street Address Unit No.

City State Zip

Email: _____ Home Phone: _____

Drivers License Number: _____ State of License: _____

Social Security Number: _____

Date of Birth: _____ Male/Female (circle one)

6. IF THE BUSINESS IS OWNED BY A CORPORATION OR LIMITED LIABILITY COMPANY:

Name of Corporation: _____

Address of Corporation: _____
Street Address Unit No.

City State Zip

Primary Phone: _____

State of Incorporation: _____

Date of Incorporation: _____

Certificate Number: _____

Registered Agent: _____
(A person or entity designated to receive important tax and legal documents on behalf of the corporation).

Agent's Title: _____

Agent's Address: _____

Agent's Phone: _____

A CORPORATION MUST DISCLOSE THE FOLLOWING INFORMATION FOR OFFICERS, DIRECTORS AND THOSE STOCK HOLDERS OWNING IN EXCESS OF TEN (10) PERCENT OF THE OUTSTANDING STOCK OF INTEREST.

Provide the following information for each individual that is an officer, director, or stock holder in excess of ten (10) 10% the outstanding stock of interest:

1. Name: _____
Last First Full Middle Maiden
Home Address: _____
Street Address Unit No.

City State Zip
Home Phone: _____
Driver's License Number: _____ State of License: _____
Social Security Number: _____
Date of Birth: _____

2. Name: _____
Last First Full Middle Maiden
Home Address: _____
Street Address Unit No.

City State Zip
Home Phone: _____
Driver's License Number: _____ State of License: _____
Social Security Number: _____
Date of Birth: _____

3. Name: _____
Last First Full Middle Maiden
Home Address: _____
Street Address Unit No.

City State Zip
Home Phone: _____
Driver's License Number: _____ State of License: _____
Social Security Number: _____
Date of Birth: _____

4. Name: _____
Last First Full Middle Maiden
Home Address: _____

Street Address

Unit No.

City

State

Zip

Home Phone: _____

Driver's License Number: _____ State of License: _____

Social Security Number: _____

Date of Birth: _____

7. HAS THE APPLICANT HAD A BUSINESS LICENSE REVOKED OR SUSPENDED?

YES _____

NO _____

If yes, state the reason that the license was revoked or suspended:

8. STATEMENT OF CONVICTIONS AND BACKGROUND CHECK

The following individuals are required to submit a separate STATEMENT OF CONVICTIONS as outlined in ATTACHMENT A

- a. Any applicant or applicant's manager.
- b. Any partner in a partnership.
- c. All officers, directors, and stockholder(s) of a corporation owning in the aggregate more than ten (10) percent of the stock of such corporation.

Any applicant or manager will be fingerprinted by the Woodridge Police Department for the purpose of conducting a background check.

9. ACKNOWLEDGEMENT

ALL BUSINESSES WILL BE INSPECTED ANNUALLY RELATIVE TO ZONING, BUILDING AND FIRE CODES.

MESSAGE ESTABLISHMENT REGISTER - The licensee of every massage establishment shall maintain a register of all of its massage establishment employees. The register shall be maintained for all current employees and all employees employed at any time during the preceding 36 months. The licensee shall make the register of its massage establishment employees available for inspection by the Village immediately upon demand at all reasonable times. For each such employee, the register shall include the following information:

- Legal name
- Any and all aliases
- Date of birth
- Gender
- Social security number

- Date of commencement of employment
- Date of employment termination, if applicable
- Specific job or employment duties
- A copy of any Massage Therapist Permit issued to such employee pursuant to State law
- Every massage therapist shall display their valid license as required by the Illinois department of professional regulation

HOURS OF OPERATION - No portion of any business premises used in any way for or by a massage business shall be kept open for any purpose between the hours of 10:00 PM and 7:00 AM.

CHANGE IN INFORMATION - During the pendency of any application for, or during the term of, any massage establishment license, the applicant or licensee shall promptly notify the Village in writing of any change in any material information given by the applicant, licensee or permittee in the application for such license, including specifically, but without limitation, any change in designation of the massage establishments where a massage therapist is providing massage services; any change in the identification of massage therapists, within 15 days of hire, at any massage establishment; and any change in the managers or employees of the massage establishment or in the individuals identified in the application.

SALE, TRANSFER, OR RELOCATION - Upon sale, transfer or relocation of a massage establishment, the license therefore shall be null and void.

I/ WE HERBY ACKNOWLEDGE AND UNDERSTAND THE STIPULATIONS ABOVE. I/WE FURTHER HEREBY CERTIFY THAT ALL OF THE INFORMATION CONTAINED IN THIS APPLICATION FOR A MASSAGE ESTABLISHMENT LICENSE IS TRUE AND CORRECT AND THAT ANY FALSE INFORMATION PROVIDED FOR IN THIS APPLICATION SHALL BE GROUNDS FOR REVOCATION OF THE LICENSE AS WELL AS ANY OTHER PENALTIES AS PROVIDED FOR BY LAW.

NOTE – THIS IS AN APPLICATION FOR A MASSAGE ESTABLISHMENT LICENSE AND IT IS UNDERSTOOD THAT A BUSINESS CANNOT BE CONDUCTED UNTIL A LICENSE IS ISSUED BY THE VILLAGE CLERK OF THE VILLAGE OF WOODRIDGE, ILLINOIS. I/ WE FURTHER STATE THAT I/ WE UNDERSTAND ALL OF THE ORDINANCES OF THE VILLAGE OF WOODRIDGE THAT PERTAIN TO THE OPERATION OF A MASSAGE ESTABLISHMENT.

PRINTED NAME, SIGNATURE, TITLE, AND PHONE NUMBER OF AUTHORIZED PERSON MAKING THIS APPLICATION:

Signature

Date

Printed Name

Title

Phone

DO NOT WRITE BELOW THIS LINE

10. REVIEW AND APPROVAL

POLICE DEPARTMENT REVIEW BY: _____ **Date** _____

Comments _____

LICENSE IS _____ APPROVED _____ DENIED

REASON FOR DENIAL _____

CODE ENFORCEMENT REVIEW BY: _____ **Date** _____

Comments _____

LICENSE IS _____ APPROVED _____ DENIED

REASON FOR DENIAL _____

RETURN COMPLETED APPLICATION TO:

**Clerk's Office
Village of Woodridge
Five Plaza Drive
Woodridge, IL 60517**

Receipt No. _____

License No. _____

Decal No. _____

ATTACHMENT A

STATEMENT OF CONVICTIONS

(Must be submitted by all persons as required in Section 8 – please make additional copies as necessary)

Name: _____ Business: _____

Have you ever been convicted of any of the following:

Item 1: Any offense involving sexual misconduct with children or other sex offenses as defined in 720 ILCS 5/1-1 *et seq.*
YES _____ NO _____

Item 2: A felony based upon conduct or involvement in a massage establishment or related or similar business or activity, within the past ten years.
YES _____ NO _____

Item 3: A felony unrelated to conduct or involvement in a massage establishment or related or similar business or activity, but which felony involved the use of a deadly weapon, traffic in narcotic drugs, or violence against another person, including rape, within the past five years.
YES _____ NO _____

Item 4: A misdemeanor or licensing ordinance violation based upon conduct or involvement in a massage establishment or related or similar business or activity, within the past two years.
YES _____ NO _____

Item # _____

- a. Prosecuting jurisdiction, case number, and date of conviction: _____

- b. Offense(s) charged: _____

- c. Offense(s) upon which a conviction was entered: _____

- d. Additional explanatory information, if desired: _____

Item # _____

- a. Prosecuting jurisdiction, case number, and date of conviction: _____

- b. Offense(s) charged: _____

- c. Offense(s) upon which a conviction was entered: _____

- d. Additional explanatory information, if desired: _____

ATTACHMENT B

**WOODRIDGE POLICE DEPARTMENT
BUSINESS NOTIFICATION SHEET**

In order for emergency service personnel to respond to your business, the following information must be provided. In the event that your below listings change, it will be the responsibility of the business owner/manager to notify the Woodridge Police Department in writing of the changes.

Please Print or Type

BUSINESS NAME
BUSINESS ADDRESS
BUSINESS PHONE NUMBER
BUSINESS FAX NUMBER
E-MAIL ADDRESS FOR BUSINESS
BUSINESS OWNER'S NAME, HOME ADDRESS AND HOME PHONE NUMBER

MANAGER'S NAME	MANAGER HOME ADDRESS	MANAGER HOME PHONE/CELL/PAGER
AFTER HOURS EMERGENCY CONTACT #1	HOME ADDRESS	HOME PHONE OR CELL/PAGER
AFTER HOURS EMERGENCY CONTACT #2	HOME ADDRESS	HOME PHONE OR CELL/PAGER
AFTER HOURS EMERGENCY CONTACT #3	HOME ADDRESS	HOME PHONE OR CELL/PAGER

BUSINESS NOTIFICATION SHEET (CONT.)

BUSINESS HOURS	OPEN	CLOSE
SUNDAY		
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		

Do you have an alarm? Yes No

What type of alarm do you have? Burglar Fire Hold up Panic Other

Alarm Installer/Monitoring Station: _____

Address: _____ Phone: _____

Direct Hook up? Yes: No: **To police?** Yes No **Fire?** Yes No **Hardwire?** **Radio?**

Please indicate any special instructions you would like the Woodridge Police Department to know when responding to your alarm? (use separate page if necessary)

Are there any weapons on the premises? Yes: No:

If the answer to the above question is yes, where are they and what kinds of weapons are they? **Be specific** (use separate page if necessary)

Are there guard dogs on the premise/property? Yes No

If the answer to the above question is yes, when are the dogs on the premise/property? Where are the dogs on the premise/property? **Be specific** use separate page if necessary.

Under the right to know law, are any substances stored at your premise/property that require material safety data sheets? Yes No

Please attach each M.S.D.S. to this document. List the location of each substance. If special care is required to any substance please indicate this. Please be specific.

In the event that the above named business is found to be unsecured, for example., unlocked or where an entrance door or a window is found to be open when the premises are not occupied after business hours, I hereby authorize the officers of the Woodridge Police Department to enter the above named business for the purpose of protecting persons and property and to search for possible intruders.

Signature: _____

Date: _____