

VILLAGE OF SKOKIE
5127 OAKTON STREET
SKOKIE, IL 60077
(847) 933-8223

APPLICATION FOR MASSAGE SERVICES ESTABLISHMENT LICENSE

PLEASE NOTE:

- 1. The owner or manager of this Massage Services Establishment must meet all requirements of the Village Code.**
- 2. A copy of the Certificate from an approved and accredited school is required to be submitted with this application for any massage therapist.**
- 3. Manager and all massage therapists are required to submit a letter of good standing from all municipalities worked in the last ten years and a copy of their State of Illinois License.**
- 4. Applicant is required to attach a floor plan labeling each interior room.**

BUSINESS ADDRESS: _____ **FILING DATE:** _____

Applicant Name _____

Applicant's Current Address _____

Home Phone _____ Cell _____ Social Security # _____

Driver's License # _____ Date of Birth _____

List all residential addresses for the past ten (10) years. (attach extra sheets if needed).

List all Massage Therapists. Include last three residences and a copy of State of Illinois License.

Name _____

Address _____ City _____ State _____

Name _____

Address _____ City _____ State _____

Name _____

Address _____ City _____ State _____

OWNERSHIP STATUS

Individual(s) or Sole Proprietorship _____
Corporation _____
Partnership _____
Limited Liability Company _____
Other (please identify) _____

Is Applicant the beneficial owner of the business to be operated?

Yes _____ No _____

Will the business be conducted by a manager on behalf of the Applicant?

No _____ Yes _____ If yes, state the Manager's name, address, social security
and driver's license number _____

PREMISES NAME

Doing Business As: _____

Address: _____

Phone: _____

Please list the name, State license # and last three home addresses of each massage therapist
employed at this location. (attach additional sheets, if necessary)

3. CORPORATION

This section is to be completed by the authorized agent for a corporate Applicant. If Applicant is a
partnership, skip Section 3 and proceed to Section 4. If applicant is neither a corporation nor a
partnership, skip Sections 3 and 4 and proceed to next section.

Applicant was incorporated under the laws of the State of _____ on the

_____ day of _____, A.D., 2 _____. A copy of its Articles of Incorporation and/or permission to do business in Illinois shall be attached.

If Applicant was not incorporated under the laws of the State of Illinois, is Applicant a foreign corporation qualified under the "Business Corporation Act of 1983" to transact business in the State of Illinois?

Yes _____ No _____

Registered Agent – Name _____

Address _____

Phone _____

Please list the name, home address and corporate office held by each officer; and the name, home address and percentage of corporate stock held by each shareholder of the corporate Applicant: (Use additional sheets, if necessary)

4. PARTNERSHIP

This section must be completed by authorized agent of any partnership Applicant. If Applicant is not a partnership, skip to Section 5.

Applicant was formed under the laws of the State of _____ on the _____ day of _____ A.D. 2_____.

Is Applicant a limited partnership pursuant to the Illinois Revised Uniform Limited Partnership Act?

Yes _____ No _____

If Applicant was not formed under the laws of the State of Illinois, is Applicant a foreign partnership qualified under the Illinois Uniform Limited Partnership Act, as now or hereafter amended, to transact business in the State of Illinois?

Yes _____ No _____

Does Applicant have a registered agent?

No _____ Yes _____ If yes, state:

Agent Name _____

Address _____

Phone _____

Does Applicant have a general partner?

No _____ Yes _____ If yes, state:

General Partner Name _____

Address _____

Phone _____

NOTE: If there is more than one general partner, include all partners

Please list the names, home addresses and percentage of partnerships interest held by each partner. (attach additional sheet, if necessary):

Does the establishment have a manager who is not an owner?

No _____ Yes _____ If yes, state:

Manager Name _____

Address _____

Phone _____ Driver's License # _____ Social Security # _____

BACKGROUND INFORMATION

Has Applicant, or Applicant's manager as identified or any current or former employees ever been charged or found guilty of any crime under the laws of the United States or any state or territory that is either: (a) a felony, (b) a misdemeanor, pertaining to battery, prostitution, disorderly conduct, dishonesty, or directly related to the practice of massage, or (c) an offense listed in Article 11 of the Illinois Criminal Code 720 ILCS 5/11-6 et seq. and Article 16 of the Illinois Criminal Code, 720 ILCS 5/16-1 et seq. Conviction as used in this paragraph, shall include a finding or verdict of guilty, an admission of guilt, or a plea of nolo contendere.

No _____ Yes _____ If yes, identify the following indicating the name(s) of each individual and the specific information for each individual (attach additional information as desired or necessary):

a. Prosecuting jurisdiction, case number, and date: _____

b. Offense(s) charged: _____

c. Additional explanatory information, if desired: _____

THE UNDERSIGNED, BEING DULY SWORN, DOES STATE AS FOLLOWS:

THAT THE UNDERSIGNED HAS REVIEWED THIS APPLICATION AND ALL ATTACHMENTS SUBMITTED AND CERTIFIES THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE.

APPLICANT: _____

BY: _____

NAME: _____

TITLE: _____

ATTEST: (If applicable)

NAME: _____

TITLE: _____

SUBSCRIBE AND SWORN TO BEFORE ME THIS _____ DAY OF _____, _____

NOTARY PUBLIC

NOTICE OF FEES

- 1. Annual Massage Services Establishment Fee \$100.00 (Payable at Community Development)
- 2. Background Investigation Fee \$ current fee (Payable at Police Dept.)

Return completed application to: Village of Skokie
 Building & Zoning Division
 5127 Oakton Street
 Skokie, IL 60077

For Office Use Only

Police Department approved by _____

Community Development approved by _____

