



VILLAGE OF MOUNT PROSPECT
50 SOUTH EMERSON STREET
MOUNT PROSPECT, IL 60056
(847) 392-6000

BUSINESS LICENSE/CERTIFICATE ADDENDUM: MASSAGE THERAPY

INSTRUCTIONS: To be completed by all businesses which provide massage therapy on premises.
 Section 11.3903 of the Village Code requires the following information be provided for all Massage Establishment Business Licenses.
 Please Type or Print clearly.

Business Legal Name: _____
 Doing Business As (*Common Name*): _____
 Business Address: _____
 Business Phone: _____ Business Email: _____
 FEIN: _____ State IBT Number: _____

Description of Services: Please describe the services that will be provided on the premises:

Please complete the following information for each massage therapist who is or will be employed in the establishment. **A current copy of their respective licenses as issued by the state department of professional regulation shall be attached to this application.**

First Name: _____ Middle: _____ Last Name: _____
 Address: _____ City, State, ZIP: _____

First Name: _____ Middle: _____ Last Name: _____
 Address: _____ City, State, ZIP: _____

First Name: _____ Middle: _____ Last Name: _____
 Address: _____ City, State, ZIP: _____

First Name: _____ Middle: _____ Last Name: _____
 Address: _____ City, State, ZIP: _____

OWNERSHIP INFORMATION: Please complete the information on the following page for EACH APPLICANT. A completed form must be submitted for each applicant as defined by the following:

1. If applicant is a **corporation or limited liability company**, the names and residence addresses of each of the officers and directors of the 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. If applicant is a **partnership**, 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.

Massage Therapy Addendum for the following Business: _____

OWNERSHIP INFORMATION: Please complete the following information for EACH APPLICANT. Make additional copies if necessary.

First Name: _____ Middle: _____ Last Name: _____

Height: _____ ft _____ in Weight: _____ lbs Eye Color: _____ Hair Color: _____

Current Address: _____ City, State, ZIP: _____

Previous Address 1: _____ City, State, ZIP: _____

Previous Address 2: _____ City, State, ZIP: _____

Previous Employment. List your occupation or employment for the past 3 years:

Employer: _____ Title: _____ Dates Employed: _____

Business Address: _____ City, State, ZIP: _____

Employer: _____ Title: _____ Dates Employed: _____

Business Address: _____ City, State, ZIP: _____

Employer: _____ Title: _____ Dates Employed: _____

Business Address: _____ City, State, ZIP: _____

Business License History. Has the applicant had any business or operating license suspended, in this or any other municipality, for any type of business? YES _____ NO _____

If YES, Please explain the reason for revocation or suspension and the occupation or business activity conducted during the time of revocation or suspension.

Criminal History. List all criminal convictions other than misdemeanor traffic violations, including the dated of convictions, nature of the crimes, and the place convicted.

Additional Businesses. List the business name and address for any other businesses you currently own or operate.

ATTACH THE FOLLOWING TO THIS FORM:

1. A copy of Proof of Identification: such as a driver's license or photo I.D.
2. The names, current addresses and written statements of at least three (3) bona fide permanent residents of the United States that the applicant is of good moral character. If possible, the statement must first be furnished from residents of the village, then the county, then the state of Illinois and lastly from the rest of the United States. These references must be persons other than relatives and business associates.

*****Signature Page Follows*****

Massage Therapy Addendum for the following Business: _____

Please Note:

FINGERPRINTING: One portrait photograph of the applicant at least two inches by two inches (2" x 2") and a complete set of applicant's fingerprints shall be taken by the chief of police or his/her agent. If the applicant is a partnership, limited liability company, or corporation, the chief of police shall have the right to require fingerprints of any and all officers, shareholders, directors, partners, members, managers or agents of the entity along with the fee for each.

Applicants possessing a valid Massage Therapist License from the Illinois Department of Professional Regulation or an endorsement from the Illinois Department of Professional Regulation as possessing a valid Massage Therapist License from another state are exempt from the fingerprinting and criminal background check requirement provided a copy of the valid license is submitted with the application.

The Village reserves the right to request such other identification and information necessary to discover the truth of the matters required to be set forth in this application.

By signing below, you authorize the village, its agents and employees, to seek information and conduct an investigation into the truth of the statements set forth in the application and the qualifications of the applicant for the permit.

(Signature)

(Date)

(Print Name)

Upon the completion of the above provided form and the furnishing of all foregoing information, the department of community development shall accept the application for the necessary investigations. The holder of a massage establishment license shall notify the department of community development of each change in any of the data required to be furnished by this section within ten (10) days after such change occurs. (Ord. 6003, 4-17-2012)