



United City of Yorkville
800 Game Farm Road
Yorkville, Illinois 60560
630-553-4350

Application for Massage and/or Bodywork Establishment License

Please print legibly in ink or type application.

License Term – January 1 through December 31
Nonrefundable License Fee – Corporations, LLCs, Partnerships - \$500.00
Nonrefundable License Fee – Sole Proprietor - \$10.00

SECTION 1. APPLICANT INFORMATION

Type of Business: Corporation LLC Partnership Individual Sole Proprietor

Name of Corporation, LLC, Partnership, or Individual: _____

Office Address of Corporation, LLC, Partnership:

_____ City / State: _____ Zip: _____

Office Phone: _____ Office Fax: _____

Contact Person: _____ Email: _____

Federal Employer Identification Number (FEIN): _____

Illinois Business Tax Number (IBT): _____

Local Business Name (assumed or d/b/a name): _____

Local Street Address: _____ City / State: _____ Zip: _____

Local Business Phone Numbers: _____

Email address: _____ Website address: _____

Mail renewal application to: Local Business Address Corporation, LLC, Partnership Address

SECTION 2. ESTABLISHMENT INFORMATION

What is your anticipated opening date? _____

What are your proposed days/hours of operation? _____

What percentage of business operations will be devoted to massage/bodywork services? _____

Describe services to be provided at this location: _____



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SECTION 3. CORPORATE / LLC / PARTNERSHIP / SOLE PROPRIETORSHIP INFORMATION

Each application submitted must be accompanied by a copy of records that establish the current ownership of any interest in the business of five percent (5%) or greater (such as partners, shareholders, members, and if the legal owner of the business is an entity, a copy of the records that establish the individual owners of the ownership entity, and so on until the records establishing the individual owners at the end of the chain or ownership are established).

Each application submitted must be also be accompanied by a copy of records that show that the business and all underlying entities with ownership of 5% or more is in good standing with the State of Illinois (or other state or country).

For Corporations - List each Officer and Director. Also list all shareholders owning 5% or greater of stock.

For LLCs – List LLC Manager and all members of the LLC.

For Partnerships – List each Partner.

For Sole Proprietorship – List individual applicant.

Name: Last: _____ First: _____ MI: _____

Current Home Address: _____

City: _____ State: _____ Zip: _____

Alias Names: _____

List previous two residential addresses:

1) _____

City: _____ State: _____ Zip: _____

2) _____

City: _____ State: _____ Zip: _____

Contact Numbers: Phone: _____ Cell: _____

Email Address: _____

Driver's License/State ID#: _____ Date of Birth: _____

Place of Birth: _____

Is applicant a United States citizen? Yes No I am a citizen of _____

Position/Title: _____ Percent of Shares Owned: _____

Please list employment history with addresses for the past five (5) years:

Employer Name: _____

Employer Address: _____

Hire Date: _____ End Date: _____

Employer Name: _____

Employer Address: _____

Hire Date: _____ End Date: _____

Attach a copy of photo ID issued by state or federal government.

*** Please copy this page (if needed) to list all required persons**



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SECTION 4. MANAGER/SUPERVISOR INFORMATION

Name: Last: _____ First: _____ MI: _____

Current Home Address: _____

City: _____ State: _____ Zip: _____

Alias Names: _____

List previous two residential addresses:

1) _____

City: _____ State: _____ Zip: _____

2) _____

City: _____ State: _____ Zip: _____

Contact Numbers: Phone: _____ Cell: _____

Email Address: _____

Driver's License/State ID#: _____ Date of Birth: _____

Place of Birth: _____

Is applicant a United States citizen? Yes No I am a citizen of _____

Position/Title: _____ Percent of Shares Owned: _____

Please list manager/supervisor employment history with addresses for the past five (5) years:

Employer Name: _____

Employer Address: _____

Hire Date: _____ End Date: _____

Employer Name: _____

Employer Address: _____

Hire Date: _____ End Date: _____

Employer Name: _____

Employer Address: _____

Hire Date: _____ End Date: _____

Attach a copy of photo ID issued by state or federal government.

*** Please copy this page (if needed) to list all required persons**



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SECTION 5. PREVIOUS MASSAGE AND/OR BODYWORK LICENSE OR OTHER BUSINESS LICENSE INFORMATION

(The questions in this section apply to the applicant and all other persons listed in Sections 3 and 4).

Has the applicant or any other person listed in sections 3 and 4, ever held a massage/bodywork or business license in the United States? Yes No

If yes, please list all businesses and locations, including the city, county, and state.

Business Name: _____

Location Address: _____

City, County & State: _____

Business Name: _____

Location Address: _____

City, County & State: _____

Has the applicant or any other person listed in sections 3 and 4, ever had a massage/bodywork or business license denied, suspended or revoked by any federal, state, county, or local government agency? Yes No

If yes, please list the name of business which had said license denied, suspended, revoked, its location, the date of the denial/suspension/revocation, and all details of the denial/suspension/revocation, including events leading to the denial/suspension/revocation below:

Name of Business: _____

Address of Business: _____

State, County, City of Business: _____

Date of Revocation/Suspension: _____

Details of Violation: _____

*** Please copy this page (if needed) to list previous licenses/suspensions/revocations.**



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SECTION 6. BACKGROUND INFORMATION

ALL QUESTIONS MUST BE ANSWERED.

(The questions in this section apply to the applicant and all other persons listed in Sections 3 and 4).

For questions answered "yes", a written, detailed explanation is required and must be attached to this application.

- Yes No Has the applicant, or any other person listed in sections 3 and 4, ever been convicted of a violation of the Illinois Massage Licensing Act or the Yorkville Massage Establishment Ordinance?
- Yes No Has the applicant, or any other person listed in sections 3 and 4, ever been convicted of a felony?
- Yes No Has the applicant, or any other person listed in sections 3 and 4 ever been convicted within the prior five (5) years of any misdemeanor involving dishonesty, illicit drugs, sexual offenses, or the use of violence or force?
- Yes No Has the applicant, or any other person listed in sections 3 and 4, ever owned, been involved with, or worked for a business that has had a business license of any kind denied, suspended, or revoked?
- Yes No Does the applicant, or any other person listed in sections 3 and 4, hold ownership or operate any other businesses? If yes, provide name and address of businesses.
- Yes No Is the applicant, or any other person listed in sections 3 and 4, delinquent in the payment of any Illinois business taxes (sales, withholding, etc.)?
- Yes No Does the applicant, or any other person listed in sections 3 and 4, have outstanding, past due financial obligations owed to the City, including but not limited to fines, fees, utility charges and property taxes?

SECTION 7. BUSINESS PREMISES

Does the applicant own the premises where the massage/bodywork business will be operated and maintained? Yes No

Name of Landlord: _____

Landlord Address: _____

Landlord Phone: _____ Landlord Email: _____

If leased, provide a copy of the Lease, and any Sub-Leases, Assignments and Acceptances of such Sub-Leases or assignments in effect.



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SECTION 8. BUSINESS EMPLOYEES, INDEPENDENT CONTRACTORS, AGENTS providing massage or bodywork services

Name: Last: _____ First: _____ MI: _____

Current Home Address: _____

City: _____ State: _____ Zip: _____

Contact Numbers: Phone: _____ Cell: _____

Driver's License/State ID#: _____

Description of the type of massage or bodywork approach that will be practiced by person named above:

Name: Last: _____ First: _____ MI: _____

Current Home Address: _____

City: _____ State: _____ Zip: _____

Contact Numbers: Phone: _____ Cell: _____

Driver's License/State ID#: _____

Description of the type of massage or bodywork approach that will be practiced by person named above:

Name: Last: _____ First: _____ MI: _____

Current Home Address: _____

City: _____ State: _____ Zip: _____

Contact Numbers: Phone: _____ Cell: _____

Driver's License/State ID#: _____

Description of the type of massage or bodywork approach that will be practiced by person named above:

For each person listed on this page - provide a copy of photo ID issued by state or federal government and a copy of the state issued massage therapy licenses or state or national licenses or certifications by which authority the persons may perform massage or bodywork services.

*** Please copy this page (if needed) to list all required persons**



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SECTION 9. INSURANCE

Provide proof that the establishment for which the license is being sought currently carries or has secured a commercial general liability policy and professional liability policy reflecting limits of no less than one million dollars (\$1,000,000.00) per occurrence and two million dollars (\$2,000,000.00) in the aggregate for covered claims arising out of, but not limited to, bodily injury, property damage, personal and advertising injury, and contractual liability in the course of the license holder's business.

SECTION 10. FLOOR PLAN

Provide a drawing or floor plan of the premises designating each room by its purpose and the activity that will take place in each room.

SECTION 11. BUILDING DEPARTMENT PERMITS / INSPECTIONS

Please contact the Building Department at (630)553-8545 to inquire on the necessary permits and/or inspections that are required for your business.

SECTION 12. ZONING VERIFICATION

Please contact the Community Development Department at (630)553-8545 to inquire on the zoning classification of the proposed business address.

SECTION 13. APPLICATION SUBMITTAL

Before your application can be processed, you **MUST** complete the following requirements:

- Original signed, notarized, and fully completed massage/bodywork establishment application.
- Records establishing ownership of business (any entity owning 5% or more must be disclosed).
- Proof that business and underlying entities are in good standing with the State of Illinois or other state.
- If business premises are leased, provide a copy of the lease, and any sub-leases, assignments and acceptances.
- Proof of liability insurance.
- Floor plan showing the layout of proposed facility.
- In Section 6, if any questions were answered yes – attach a written, detailed response regarding those questions.
- In Section 13, Waiver and Release of all Claims Form – must be signed by all persons listed in Sections 3 and 4 of application.
- Copy of state or government issued photo ID for all persons listed in this application.
- Copy of state issued massage therapy licenses or national licenses or certifications for all persons performing massage or bodywork services or proof of exemption under the Illinois Massage Licensing Act, 225 ILCS 57/.
- Corporations, LLCs, and Partnerships - \$500.00 license fee. Sole proprietors - \$10.00 license fee.
- Fingerprinting fee of \$28.25 per person and background check fee of 50.00 per person. Required for all persons listed in Sections 3 and 4 of application.



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SECTION 14. WAIVER AND RELEASE OF ALL CLAIMS FORM

Must be signed by all persons listed in Sections 3 and 4.

Please read this statement carefully and be aware that by agreeing to allow the United City of Yorkville to investigate your criminal/financial background, you will be waiving and releasing all claims for damages you might sustain arising out of the criminal background check and review.

I AUTHORIZE an investigator or other duly accredited representative of the United City of Yorkville or its agents to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information.

I AUTHORIZE custodians of records and other sources of information pertaining to me to release such information upon request of the investigator or other duly accredited representative of the United City of Yorkville or its agents authorized above regardless of any previous agreement to the contrary.

I WAIVE and relinquish all claims I may have against the United City of Yorkville and its officers, agents, servants, and employees, as a result of participating in this background check.

I STATE that I have read and fully understand this Waiver and Release of All Claims Form.

Signature of Applicant

Printed Name of Applicant

Date

Signature of Applicant

Printed Name of Applicant

Date

Signature of Applicant

Printed Name of Applicant

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SECTION 15. AFFIDAVIT

In witness whereof, the undersigned, being first duly sworn, verifies that the statements contained in this Application for a Massage/Bodywork License are true and correct in every detail, along with an acknowledgement by the applicant that denial of license or revocation of license may occur in the event of falsification of such information. I further state that I have read and understand the United City of Yorkville Code of Ordinances regarding Massage/Bodywork which addresses the regulations for massage/bodywork. I further agree not to violate any state or federal laws or any of the ordinances of the United City of Yorkville in the conduct of my place of business and to report any changes to this application whether they occur before or after a license is issued, to the City Clerk within 10 days.

Signature of Applicant

Signature of Applicant

Printed Name of Applicant

Printed Name of Applicant

Applicant Title

Applicant Title

Date

Date

This instrument was subscribed and sworn before me on this ____ day of _____, 20____,
by _____ (name of person or persons).

Notary Seal

NOTARY SIGNATURE

NOTE:

Applications by corporations shall be sworn to and signed by the corporate president and attested to and signed by the corporate secretary.

Applications by a partnership shall be sworn to and signed by two members of the partnership.