Massage Establishment Application

Village of Shorewood
One Towne Center Boulevard
Shorewood, IL 60404
815.553.2310 | businesses@vil.shorewood.il.us

Name of Proposed Establishment	
Location of Proposed Establishment	
Applicant Information	
Applicant	
Applicant Address	
Applicant Phone Number	
Applicant Mobile Number	
Applicant Email Address	
Individual Applicant	
Applicant's Legal Name	
All Aliases	
Business Address	
Social Security Number	
Date of Birth	
Citizenship	
Place of birth	
For Naturalized Citizens: Time and Place of Naturalization	
Corporations / LLCs	
Legal Name of Business	
Official Business Address	
The following information must be provided for all directors, officers, and managers of the corporation and every person owning or controlling more than twenty percent (20%) of the voting shares of the corporation. Attach additional sheets if necessary.	
Legal Name	
All Aliases	
Role	Circle: Director, Officer, Manager, Person Owning/Controlling Shares
Date of Birth	
Business Address	
Social Security Number	

Legal Name	
All Aliases	
Role	Circle: Director, Officer, Manager, Person Owning/Controlling Shares
Date of Birth	
Business Address	
Social Security Number	
Legal Name	
All Aliases	
Role	Circle: Director, Officer, Manager, Person Owning/Controlling Shares
Date of Birth	
Business Address	
Social Security Number	
Legal Name	
All Aliases	
Role	Circle: Director, Officer, Manager, Person Owning/Controlling Shares
Date of Birth	
Business Address	
Social Security Number	
Legal Name	
All Aliases	
Role	Circle: Director, Officer, Manager, Person Owning/Controlling Shares
Date of Birth	
Business Address	
Social Security Number	
Date of Incorporation	
Place of Incorporation	
Object for which corporation was formed	
Name of Registered Corporate Agent	
Address of Registered Office for Service of Process	

☐ Attach proof that the corporation is a corporation in good standing and authorized to conduct business within the State of Illinois

Organizations: Partnerships (general or limited), joint ventures, or any other type of organization where two (2) or more persons share in the profits and liabilities of the organization	
Applicant Organization's Complete Name	
Official Business Address	

Provide Information for all partners (other than limited partners) or any other person entitled to share in the profits of the organization, whether or not any such person is also obligated to share in the liabilities of the organization. Attach additional sheets if necessary.

Legal Name	
All Aliases	
Date of Birth	
Business Address	
Social Security Number	

Legal Name	
All Aliases	
Date of Birth	
Business Address	
Social Security Number	

Legal Name	
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Date of Birth	
Business Address	
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Date of Incorporation	
Place of Incorporation	
Object for which corporation was formed	
Name of Registered Corporate Agent	
Address of Registered Office for Service of Process	

□ Attach proof that the corporation is a corporation in good standing and authorized to conduct business within the State of Illinois

Trusts	
Applicant's Complete Name	
Provide the following information for the Trustee of the Trust	
Legal Name of Trustee of Trust	
All Aliases of Trustee of Trust	
Business of Trustee of Trust	
Official Business Address	
Date of Birth	
Social Security Number	
Provide Information for each Beneficiary in the Trust. Attach additional sheets if necessary.	
Legal Name	
All Aliases	
Date of Birth	
Business Address	
Social Security Number	
Legal Name	
All Aliases	
Date of Birth	
Business Address	
Social Security Number	
Legal Name	
All Aliases	
Date of Birth	
Business Address	
Social Security Number	
Interest of Land Trust in Licensed Premises	

General Information	
Name of Proposed Establishment	
Location of Proposed Establishment (including Street Address)	
Telephone Number of Establishment	
Provide the following Information for each fee simple owner of the proposed licensed premises. Attach additional sheets if needed.	
Name	
Address	
Phone Number	
Mobile Number	
Email Address	
Length of time in Massage Business	
Name	
Address	
Phone Number	
Mobile Number	
Email Address	
Length of time in Massage Business	
Name	
Address	
Phone Number	
Mobile Number	
Email Address	
Length of time in Massage Business	
Name	
Address	
Phone Number	
Mobile Number	
Email Address	
Length of time in Massage Business	

Signature of Applicant

The application must be signed:

- by the applicant, if the applicant is an individual
- by at least one of the persons entitled to share in the profits of the organization and having unlimited personal liability for the obligations of the organization and the right to bind all other such persons, if the applicant is a partnership (general or limited), joint venture, or any other type of organization where two (2) or more persons share in the profits and liabilities of the organization
- by a duly authorized agent, if the applicant is a corporation; or
- by the trustee, if the applicant is a trust.

Attach additional sheets as needed.

I (or we), _____, swear (or affirm) that I (or we) will not violate any of the ordinances of the Village of Shorewood or the laws of the State of Illinois or the laws of the United States of America, in the conduct of the place of business described herein and that the statements contained in this application are true and correct to the best of my (our) knowledge and belief.

_____ _____ _____

Signature Printed Name Role

Subscribed and Sworn
before me this _____day
of _____, _____.

_____
(Notary Public)

Signature of Fee Simple Property Owner

As Fee Simple Owner of the proposed licensed premises located at _____,

I authorize _____ to file this application.

_____ _____ _____

Signature Printed Name Date

Application Fees:
$100 Administrative Fee
$50 License Fee
Fingerprint Fee (Actual Cost)

Attachments	
Please attach the following documents to the application, labelled appropriately.	
☐ Attachment 1	If a corporation or partnership or other entity is an interest holder that must be disclosed. Then, such interest holders shall disclose the information required with respect to their interest holders.
☐ Attachment 2	A description of the manner in which the proposed massage establishment will be conducted.
☐ Attachment 3	Legal Description of Premises
☐ Attachment 4	A diagram showing the internal and external configuration of the licensed premises, including all doors, windows, entrances, exits, the fixed structural internal features of the licensed premises, plus the interior rooms, walls, partitions, stages, performance areas, and restrooms. A professionally prepared diagram in the nature of an engineer's or architect's blueprint shall not be required; provided, however that 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 (±6") and sufficient to show clearly the various interior dimensions of all areas of the licensed premises and to demonstrate compliance with the provisions of this chapter. The requirements of this paragraph shall not apply for renewal applications if the applicant adopts a diagram that was previously submitted for the license sought to be renewed and if the licensee certifies that the licensed premises has not been altered since the immediately preceding issuance of the license and that the previous diagram continues to accurately depict the exterior and interior layouts of the licensed premises. The approval or use of the diagram required pursuant to this paragraph shall not be deemed to be, and shall not be interpreted or construed to constitute, any other village approval otherwise required pursuant to applicable village ordinances and regulations.
☐ Attachment 5	The names of each governmental body which, within five (5) years immediately prior to the date of the present application, the applicant, or any of the individuals identified in the application pursuant to this chapter has applied for, received or been denied a license or other authorization to conduct or operate a business: a) substantially the same as a massage establishment, and the names and addresses of each such business; b) requiring a federal, state, or local liquor license; or c) requiring a federal, state, or local gaming license.
☐ Attachment 6	The specific type or types of massage establishment(s) that the applicant proposes to operate in the licensed premises.
☐ Attachment 7	A copy of each massage establishment license, liquor license, and gaming license from any governmental entity and currently held by the applicant, or any of the individuals identified in the application pursuant to this chapter.
☐ Attachment 8	Whether the applicant, or any of the individuals identified in the application pursuant to this chapter, has been, within five (5) years immediately preceding the date of the application, convicted of, or pleaded nolo contendere to, any specified criminal act. As to each conviction, the applicant or other individual shall provide the conviction date, the case number, the nature of the misdemeanor or felony violation(s) or offense(s), and the name and location of the court.
☐ Attachment 9	Whether the applicant, or any of the individuals identified in the application pursuant to this chapter, has had a license or other authorization to conduct or operate a business substantially the same as a massage establishment or any business requiring either a liquor or gaming license, revoked or suspended by any governmental entity, and, if so, the date and grounds for each such revocation or suspension, and the name and location of the establishment at issue.

☐ Attachment 10	The name of the individual or individuals who shall be the day to day, on site managers of the proposed massage establishment. If the manager is other than the applicant, the applicant shall provide, for each manager, all of the information required pursuant to this chapter.
☐ Attachment 11	For the individual or individuals executing the application pursuant to this chapter, and the individual or individuals identified pursuant to this chapter, a fully executed waiver on a form prescribed by the village to obtain criminal conviction information pursuant to the Illinois uniform conviction information act.
☐ Attachment 12	The applicants shall submit their fingerprints to be used in completing the investigation. Applicants are required to present themselves for fingerprints to be taken by the Shorewood police department as provided by the massage business commissioner. If the applicant is a limited liability company or corporation, fingerprints shall be required of each of the applicant's officers, members, directors or person owning in the aggregate more than twenty percent (20%) of the entity. If the applicant is a partnership, fingerprints shall be required of all general partners, and any limited partner owning more than twenty percent (20%) of the aggregate limited partner interest in such partnership. Applicant shall pay the fingerprint fee for each person required to submit fingerprints. Provided, in the case of a renewal application, fingerprints and the fingerprint fee shall not be required from a renewal applicant whose fingerprints are on file unless the massage business commissioner determines that there may be reason to believe that the renewal applicant may have unreported convictions.
☐ Attachment 13	Proof of Age for each applicant, director, officer, manager, owner, shareholder, and trustee, such as a copy of their driver’s license.
☐ Attachment 14	Proof that each Corporation, LLC, partnership, joint venture, or other organization is in good standing within the State of Illinois.
☐ Attachment 15	Proof of ownership of the property.