CITY OF WHEATON Illinois

CITY MANAGER'S OFFICE
303 W WESLEY STREET, WHEATON, IL, 60187
630.260.2012 | www.wheaton.il.us

Massage Business License Applicant / New Manager Application

Return To: City Clerk
City of Wheaton
P.O. Box 727
Wheaton, IL 60187-0727

Phone: 630-260-2012
Fax: 630-260-2017
Email: cityclerk@wheaton.il.us

Name of Massage Business License Applicant or Licensee Seeking to Employ a New Manager:

_____

Date Proposed New Manager/Assistant Manager Commenced Duties: _____

Position Title: _____

Address of Business: _____

Name of License Applicant or New Manager: Last: _____ First: _____ M.I.: ____

Current Address of License Applicant or New Manager: _____ _____
Street City, State, Zip

Mobile Phone Number: _____ Driver's License Number: _____

Email Address: _____

Date of Birth: _____ Place of Birth: _____

Naturalization (if applicable) Date: _____ Place: _____

List your business, occupation, or employment for the 5 years preceding the date of the application:

_____

_____

_____

_____

License applicants and new managers must arrange fingerprinting at BioMetric Impressions. A fee, payable to BioMetric Impressions, is due at the time of fingerprinting for state and federal charges associated with processing the fingerprints (credit/debit or money order – no checks or cash). **Prior to scheduling, you must request a copy of the fingerprint consent form from the City Clerk.** The form and payment shall be delivered to BioMetric Impressions at the time of appointment.

STATEMENT OF CONVICTIONS

Have you within ten years immediately preceding the date of this application been convicted of, pleaded guilty or nolo contendere to the following:

	YES	NO
1. Any Specified Criminal Act as defined in Section 26-178 of the Wheaton City Code; or	☐	☐
2. Any misdemeanor or felony based upon conduct or involvement in any massage business or activity; or	☐	☐
3. Any felony unrelated to conduct or involvement in any massage business or activity, but which felony involved the use of a deadly weapon, traffic in narcotic drugs, or violence against another person; or	☐	☐

For any convictions to which applicant responded **YES**, identify the following by item number:

Item # _____

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

_____

_____

_____

b. Offense(s) charged: _____

_____

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

_____

d. Additional explanatory information, if desired: _____

_____

_____

	YES	NO
4. Any licensing ordinance violation, based upon conduct or involvement in any massage business, within the past year?	☐	☐
5. Any denial, suspension, or revocation by any governmental entity of a license to conduct or operate a business substantially similar as a massage business?	☐	☐

If applicant responded YES to Item #4 and/or Item #5, include the date, and grounds for each such misdemeanor, licensing ordinance violation, denial, suspension or revocation, and the name and location of the business at issue. (attach an additional sheet if necessary) _____

_____

_____

Acknowledgement

In the event applicant/owner/manager is made aware that any information or document submitted as part of this application process is inaccurate or incomplete, applicant shall immediately notify the City Clerk and provide appropriate corrections. Failure to accurately and completely provide, or as necessary update, required information may delay the processing of such application or result in its denial or result in the revocation of an existing license.

Applicant/owner/manager, being duly sworn, certifies that the foregoing information is true and correct, and all necessary attachments have been provided. Applicant/owner/manager understands and agrees that any false information, misrepresentation, or omission of facts in this application and the application process may be justification for denial of a massage business license.

Applicant/owner/manager, authorizes by their signature that any information obtained by the Police Department during the background check may be provided to the City of Wheaton Legal and Administrative Departments, or the Corporate Authorities.

Date: _____ _____

Signature (License Applicant or Proposed New Manager)

Subscribed and sworn to before me this

_____ day of _____ 20 ___

_____

Notary Public

(Notary Seal)

CORPORATION SIGNATURES: INDIVIDUAL OR PARTNERSHIP SIGNATURES:

_____ _____

President

_____ _____

Secretary

(Seal)

---------- Office Use Only ----------

TO POLICE DEPT. _____ (date)

Comments:

_____ _____

Police Signature Date