

Massage Business License Renewal Form (1 Year License)

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

State the business name, address, phone number and email of the Massage Business applying for renewal of its City of Wheaton Massage Business License.

Business Name: _____
D/B/A: _____
Address: _____
Phone: _____
Email: _____

State the applicant's/owner's name, title, home address and phone number for the Massage Business that is seeking to renew.

Applicant's/Owner's Name: _____
Title: _____
Home Address: _____
Personal Phone: _____
Email Address: _____

State the manager's name, title, home address and phone number for the Massage Business that is seeking to renew.

Manager's Name: _____
Title: _____
Home Address: _____
Personal Phone: _____
Email Address: _____

State whether the license holder (Massage Business), in the foregoing year, has been formally accused by the City of Wheaton of any violations of the Wheaton Massage Business Ordinance.

Yes ☐ (attach explanation) No ☐

State whether the license holder (Massage Business), in the foregoing year, has been convicted after hearing of any violation of the Wheaton Massage Business Ordinance.

Yes ☐ (attach explanation) No ☐

State whether any of the information contained in the license holder's original application to the City of Wheaton for a Massage Business License has changed between the time that application was approved and the submission of this renewal request (e.g., increase/ decrease in number of massage therapists/rooms for massage therapy; convictions for felonies, misdemeanors, offenses involving any specified criminal act, as defined). Yes ☐ No ☐ If the answer to this question is "yes," attach a separate sheet listing any changes in the information contained in the original application and the number of the question which required that information on the original application.

Attach a valid, unrevoked state (Illinois) massage therapist license for each massage therapist performing massage activities.

The undersigned has thoroughly read and understands the above application for renewal of the Massage Business License and attests to performing a thorough investigation to determine accurate answers thereto and further attests that the answers contained herein are true and correct. I understand and agree that the signature provided is binding on me and I waive any and all rights to deny the validity of the signature provided on this Massage Business License Renewal Form.

Signature of Applicant

Printed Name

Title