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 Application (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

1. **General Information:** **MUST** be completed by applicant/owner.

   a. Business Name: _____

      D/B/A: _____

   b. Address: _____

      Business Phone: _____

   c. Applicant's/Owner's Name: _____

      Title: _____

   d. Home Address: _____

      State: _____Zip: _____ Phone: _____Email: _____

   e. Driver's License No. _____

   f. Applicant's Date of Birth: _____

   g. Previous employment (for 5 years immediately preceding the date of application):

   h. Please describe the proposed massage business including the number of massage therapists, other activities, or business conducted at the same location, and the physical facilities to be used: (Each massage therapist must obtain a license from the State of Illinois):

   i. If applicant is not the fee simple owner of the property where the massage business is located, then provide the following information and a copy of the lease:

      Property Owner Name: _____

      Property Owner Address: _____

      Property Owner Phone: _____

2. **Business Information:**

   a. **Select** appropriate business status:
   ☐ CORPORATION ☐ LLC ☐ PARTNERSHIP ☐ INDIVIDUAL

   b. The following parties will be required to furnish additional details as outlined below:
   If an individual or partnership, list all owners and the business manager.

If a corporation, list all officers, directors, and stockholders owning more than twenty percent (20%) and the business manager. If an LLC, list all managers, and members having more than a 20% interest in the LLC.

NAME: ________________________________
LAST FIRST M.I.
Relation to Business: ______________________
Birth date: _______________________________
Home Address: __________________________
City: ___________________________________
Previous employment (for 5 years immediately preceding the date of application):

Personal Phone No. _______________________
Email ___________________________________
Percent of Ownership: _____________________
Driver's License No. _______________________

NAME: ________________________________
LAST FIRST M.I.
Relation to Business: ______________________
Birth date: _______________________________
Home Address: __________________________
City: ___________________________________
Previous employment (for 5 years immediately preceding the date of application):

Personal Phone No. _______________________
Email ___________________________________
Percent of Ownership: _____________________
Driver's License No. _______________________

NAME: ________________________________
LAST FIRST M.I.
Relation to Business: ______________________
Birth date: _______________________________
Home Address: __________________________
City: ___________________________________
Previous employment (for 5 years immediately preceding the date of application):

Personal Phone No. _______________________
Email ___________________________________
Percent of Ownership: _____________________
Driver's License No. ______________________

NAME: ________________________________
LAST FIRST M.I.
Relation to Business: ______________________
Birth date: _______________________________
Home Address: __________________________
City: ___________________________________
Previous employment (for 5 years immediately preceding the date of application):

Personal Phone No. _______________________
Email ___________________________________
Percent of Ownership: _____________________
Driver's License No. ________________________

c. All parties must complete Attachment 'A' Statement of Convictions.

3. **Corporate/LLC Applicants to Complete this Section:**

a. State of Incorporation/Organization________________________ Date ________________

b. If not an Illinois corporation/LLC, are you qualified to transact business in the State of Illinois? Yes ☐ No ☐

c. Registered agent:

Name: _________________________________ Bus. Phone: ________________________

Address: ____

____

SUBMIT COPIES OF THE FOLLOWING DOCUMENTS

Articles of Incorporation/Organization and Certificate of Good Standing

4. **Partnership Applicants to Complete this Section:**

a. Partnership was formed under the laws of the State of _____ on the _____ day of _____, _____.

b. Is Partnership a limited partnership pursuant to the Illinois Revised Uniform Limited Partnership Act? Yes ☐ No ☐

c. If Partnership was not formed under the laws of the State of Illinois, is Partnership a foreign partnership qualified under the Illinois Uniform Partnership Act or the Illinois Uniform Limited Partnership Act, as now or hereafter amended, to transact business in the State of Illinois?
Yes ☐ No ☐

d. Does Partnership have a registered agent? Yes ☐ No ☐ If Yes, state:

Name: _____

Address: _____

_____

e. Does Partnership have a general partner? Yes ☐ No ☐

If yes, state: (Note: If there is more than one general partner, include that general partner who is to be primarily responsible for operation of the massage business.)

Name: _____

Address: _____

_____

f. Does Partnership have a managing partner? Yes ☐ No ☐

If yes, state: (Note: If there is more than one managing partner, include that managing partner who is to be primarily responsible for operation of the massage business.)

Name: _____

Address: _____

_____

The following items must be provided at the time of application to guarantee immediate processing. (All checks shall be made payable to the City of Wheaton):

_____ $600.00 Application fee (for 1-year license).
_____ Articles of Incorporation/Organization (if applicable).
_____ Certificate of Good Standing (Illinois) (if applicable).
_____ A Statement of Conviction form for each person listed in application.
_____ A current certificate of inspection of the premises from an applicable county board of health, if required (contact Co. Health Dept. at 630-682-7400 to determine if required).

_____ An original valid, unrevoked state (Illinois) massage therapist license for each massage therapist performing massage activities (a copy will be made by City staff and the original license returned).

_____ A copy of a valid Illinois driver's license or Illinois Secretary of State ID card for each massage therapist.

_____ Complete Massage Licensee/Manager Fingerprint Application for each person required to submit fingerprint.

_____ $65.00 fingerprinting fee due to third-party vendor at time of appointment.

_____ A copy of the lease for the property (if applicable).

Acknowledgement

In the event applicant/owner 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, being duly sworn, certifies that the foregoing information is true and correct, and all necessary attachments have been provided. Applicant 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.

CORPORATION SIGNATURES

President: _____

Secretary: _____

INDIVIDUAL/PARTNERSHIP SIGNATURES

_____

_____

LLC SIGNATURES

Member/Manager: _____

State of _____

County of _____ Sworn to (or affirmed) and subscribed before me this _____ day of _____ 20_____.

Notary Seal

_____
Notary Public

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

TO POLICE DEPT. _____ (date)

Comments:

_____ _____
Police Signature Date

ATTACHMENT A

Name: _____

Business Name: _____

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) _____

_____