

VILLAGE OF GRAYSLAKE
Ten South Seymour Avenue
Grayslake, Illinois 60030

**LICENSE APPLICATION FOR
MASSAGE ESTABLISHMENT**

Annual License Fee: \$50.00

Make check payable to: Village of Grayslake

**1. Complete Name of
Business:** _____

- **Name of Applicant or Principal Director:** _____
- **Social Security Number of above named person:** _____

2. Address of Place of Business for which Application is made:

3. Date of Incorporation (if applicable): _____

4. Does applicant own premises for which license is sought? _____

5. Telephone number of place of business: _____

6. State whether the applicant is (a) an individual, (b) a partnership, firm association or corporation: _____

7. If corporation, name, title, and address of each partner/and any stockholder holding more than 5% of the stock of the corporation (attach additional page(s) if needed):

Name: _____ **Title:** _____
Address: _____

Name: _____ **Title:** _____
Address: _____

Name: _____ **Title:** _____
Address: _____

8. Does any Partner, Officer, Manager, Director, or Stockholder of the Applicant Corp. own more than five (5) percent of the Applicant's stock? _____

If so, each such person, as well as Applicant/Sole Proprietors, must answer the following questions (attach additional page(s) if needed):

A. Full Name: _____

B. Age: _____

C. Title: _____

D. Residence(s) for past three years:

E. Business, occupation, or employment of Applicant for past three years (attach additional page(s) if needed):

F. Has any license previously issued to the Applicant or persons listed above by any State, Federal, or Local Authority been revoked or suspended? _____

G. Has any Officer, Director, or Employee ever been convicted of any crime, misdemeanor, or felony under the Criminal Code of any state of the United States or permitted by an appearance bond forfeiture concerning the above? _____

If answer is "Yes", state the offense(s) and date(s): _____

H. Annual Criminal History Check and Fingerprints by the Grayslake Police Department (applicant is responsible to pay the fee of \$50 per person). This must be done before a license can be issued.

9. List any previous experience in the Massage Therapy business, including states where you hold a license to operate a Massage Therapy business:

10. Names, current addresses, dates of birth of all employees:

NAME	ADDRESS	DATE OF BIRTH

11. The following information must be attached to the application:

- **The applicant for a massage establishment license shall provide copies of valid massage therapist(s) licenses issued by the State of Illinois as proof that all practitioners and therapists so employed in the establishment possess a current and valid massage therapist license issued by the State of Illinois.**
- **Evidence that Applicant is at least eighteen (18) years of age.**
- **Certification from the Grayslake Building and Zoning Department that the proposed licensed premises are in conformity with all regulations and ordinances of said department.**
- **Evidence that applicant has obtained a Business License from the Village of Grayslake.**
- **Valid State of Illinois ID (i.e. driver's license).**

12. This form must contain the signature of applicant, signatures of (at least) the President and Secretary of the Corporation (if Corporation), and of any person(s) who owns more than five (5) percent of the stock.

AFFIDAVIT

STATE OF ILLINOIS)
) SS
COUNTY OF LAKE)

The undersigned swear that the applicant(s) will not violate any ordinances of the Village of Grayslake, or laws of the State of Illinois, or 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 our knowledge and belief.

Signatures and Titles

Subscribed and sworn to before me this
_____ day of _____, _____

Notary Public

FOR OFFICE USE ONLY

LICENSE NO: _____ DATE ISSUED: _____ FEE RECEIVED: _____