

## Massage Business License Application (2 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](mailto: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): \_\_\_\_\_

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. \_\_\_\_\_

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): \_\_\_\_\_

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. \_\_\_\_\_

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):**

\_\_\_\_\_ \$100.00 Application fee (for 2-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 Fingerprint Application as provided in Sec. 26-185 (b) for each person required to submit fingerprints.
- \_\_\_\_\_ \$65 fingerprinting fee for each person required to submit fingerprints.
- \_\_\_\_\_ 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

**INDIVIDUAL/PARTNERSHIP SIGNATURES**

President:

Secretary:

## LLC SIGNATURES

Member/Manager:

## State of

## County of

County of \_\_\_\_\_ Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ Notary Seal

day of 20 .

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## Notary Public

TO POLICE DEPT. (date)

### Comments:

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Police Signature

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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	<input type="checkbox"/>	<input type="checkbox"/>
2. Any misdemeanor or felony based upon conduct or involvement in any massage business or activity; or	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>

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

Item # \_\_\_\_\_

Item # \_\_\_\_\_

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

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

b. Offense(s) charged: \_\_\_\_\_  
\_\_\_\_\_

b. Offense(s) charged: \_\_\_\_\_  
\_\_\_\_\_

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

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

d. Additional explanatory information, if desired: \_\_\_\_\_  
\_\_\_\_\_

d. Additional explanatory information, if desired: \_\_\_\_\_  
\_\_\_\_\_

4. Any licensing ordinance violation, based upon conduct or involvement in any massage business, within the past year? YES NO

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? YES NO

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) \_\_\_\_\_  
\_\_\_\_\_