

Massage Business License Application

(2 Year License)

Return To: City Clerk Phone: 630-260-2012
City of Wheaton Fax: 630-260-2017
P.O. Box 727
Wheaton, IL 60187-0727

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

- a. Business Name: _____
D/B/A: _____
- b. Address: _____
Business Phone: _____
- c. Applicant's/Owner's Name: _____
Title: _____
- d. Home Address: _____
State: _____ Zip: _____ Phone: _____
- e. If Wheaton resident, how long? _____
- f. Previous employment (for 5 years immediately preceding the date of application):

- g. Driver's License No. _____
- h. Applicant's Date of Birth: _____
- i. 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):

- j. Will Asian Bodywork Approaches be performed? If yes, please describe:

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/LLC, list all officers, directors, and stockholders owning more than twenty percent (20%) and the business manager.

NAME: _____
 LAST FIRST M.I.

NAME: _____
 LAST FIRST M.I.

Relation to Business: _____
Birth date: _____
Home Address: _____
City: _____
If Wheaton resident, how long: _____
Previous employment (for 5 years immediately preceding the date of application):

Relation to Business: _____
Birth date: _____
Home Address: _____
City: _____
If Wheaton resident, how long: _____
Previous employment (for 5 years immediately preceding the date of application):

Home Phone No. _____
Percent of Ownership: _____
Driver's License No. _____

Home Phone No. _____
Percent of Ownership: _____
Driver's License No. _____

NAME: _____
 LAST FIRST M.I.

NAME: _____
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Relation to Business: _____
Birth date: _____
Home Address: _____
City: _____
If Wheaton resident, how long: _____
Previous employment (for 5 years immediately preceding the date of application):

Relation to Business: _____
Birth date: _____
Home Address: _____
City: _____
If Wheaton resident, how long: _____
Previous employment (for 5 years immediately preceding the date of application):

Home Phone No. _____
Percent of Ownership: _____
Driver's License No. _____

Home Phone No. _____
Percent of Ownership: _____
Driver's License No. _____

Business Information (continued)

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

3. Corporate/LLC Applicants to Complete this Section

a. State of Incorporation _____ 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 / Certificate of Good Standing

4. Partnership Applicants to Complete this Section

(To be completed by any partnership Applicant)

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: _____

4. Partnership Applicants to Complete this Section (continued)

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: _____

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: _____

Application to be submitted to **City of Wheaton, City Clerk's Office, P.O. 727, 303 W. Wesley Street, Wheaton, IL 60187-0727.**

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

- _____ \$100.00 Application fee (for 2-year license).
- _____ Articles of Incorporation (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. to 630-682-7400 to determine if required)
- _____ 2 Passport photos (1 inch by 1.5 inches) (head and shoulders area, face forward) (if required per Attachment C)
- _____ 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 or Asian Bodywork practitioner
- _____ A copy of the applicant's birth certificate and a naturalization certificate. If the birth certificate is in a language other than English, the applicant shall provide, at their own expense, a translation of the birth certificate into English and a certificate that the translation is true and correct.
- _____ If seeking an exemption under 225 ILCS 57/25, information requested on Exhibit B.
- _____ If Asian bodywork therapy will be performed on the premises, information requested on Exhibit C.

Acknowledgment:

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.

If upon investigation, the City determines that an applicant’s licensure or certification may not be bona fide, or that the organization providing the licensure or certification may not be bona fide, the City may conduct additional investigation by requiring the applicant to submit to fingerprinting. When fingerprinting is required, the person shall present himself or any owner or herself for fingerprints to be taken by the City of Wheaton Police Department. Applicant shall pay the fingerprint fee (\$100) as provided in Section 26-185 (b) for each person required to submit fingerprints.

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/LLC SIGNATURES

INDIVIDUAL/PARTNERSHIP SIGNATURES

President: _____

Secretary: _____

Corporate Seal

Subscribed and sworn to before me this _____ day of _____ 20__.

Notary Seal

Notary Public

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

TO POLICE DEPT. _____ (date)

Comments:

Police Signature Date

Name: _____

Business Name: _____

STATEMENT OF CONVICTIONS

Have you been convicted of any of the following:

Item 1: Any offense involving sexual misconduct with children or other sex offenses as defined in Article 11 of the Illinois Criminal Code of 1961, as amended. YES NO [] []

Item 2: A felony based upon conduct or involvement in such business or activity or related or similar business or activity, within the past ten years; or [] []

Item 3: A felony unrelated to conduct or involvement in such business or activity or related or similar business or activity, but which felony involved the use of a deadly weapon, traffic in narcotic drugs, or violence against another person, including rape, within the past five years; or [] []

Item 4: A misdemeanor or licensing ordinance violation, based upon conduct or involvement in such business or activity or related or similar business or activity, within the past year. [] []

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: _____

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b. Offense(s) charged: _____

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

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d. Additional explanatory information, if desired: _____

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ATTACHMENT B

Name: _____

Business Name: _____

Any person or entity seeking a Wheaton business license for the operation of a business which offers services defined as a massage business, but claiming an exemption under 225 ILCS 57/25, or seeking to maintain a business license after it has been granted such exemption, shall provide, in conjunction with its license application or upon request by the City Clerk, information establishing the qualification for an exemption. Such information shall include:

1. Identification of the Section of 225 ILCS 57/25 under which an exemption is sought:

2. Documents establishing that the business and any person proposing to practice under an exemption satisfy the criteria for the exemption including, but not limited to:

a. Documents showing the name and address of the organization, association or school issuing the licenses or certificates to the persons employed by the business, as well as a copy of its curriculum;

b. Documents from the organization, association or school issuing the licenses or certificates establishing the minimum level of training, testing and ethical standards set by the governing body of the organization, association or school;

c. The name and address of the governing body of the organization, association or school;

d. Proof that the person asserting the exemption has completed the level of training, demonstrated competency, and adherence to ethical standards by records of the governing association which establishes the practitioner's attendance at the program, including the date the practitioner began training; the date of completion of the training program, proof of tuition payment, and the identify, including the name, business address, website address and telephone number(s) for the faculty, testers or other persons involved in the training, testing and establishment of ethical standards of their school or governing body, as well as the name and address of the governing body.

e. A current, unrevoked license or certificate for each practitioner;

f. Such other information as may be reasonably required by the City to establish the accuracy and legitimacy of the other information provided pursuant to this section;

g. Written certification that the documents provided pursuant to these provisions are true and correct;

h. Such other information as may be reasonably required by the City to establish the accuracy and legitimacy of the other information provided pursuant to Section 26-195.

3. After the City issues a business license under Section 26-195, it shall be the obligation of the licensee to provide the City with all of the information set forth in Section 26-195 for each new or different practitioner claiming an exemption prior to the time that person commences work at the licensed premises.

ATTACHMENT C

Name: _____

Business Name: _____

Every person seeking a City exemption certificate to perform Asian bodywork approaches shall provide, in conjunction with its license application or upon request by the City Clerk, information establishing the qualification for an Asian bodyworks exemption certificate, information establishing the qualification for an exemption. The City Clerk shall have the right to confirm any of the information asked for or provided in the application. Information shall include the following:

1. The name (including nicknames or aliases) and address, telephone number, , driver's license number, age of the applicant, a copy of the applicant's birth certificate and a naturalization certificate. If the birth certificate is in a language other than English, the applicant shall provide, at their own expense, a translation of the birth certificate into English and a certificate that the translation is true and correct.
2. The location where the Asian bodywork approach will be performed.
3. The Asian bodyworks exemption certificate fee as provided in section 26-188.
4. Business, occupation, or employment of the applicant for five years immediately preceding the date of application.
5. Fingerprints for running a background check by the Wheaton Police Department.
6. Two passport size photographs (1 inch by 1.5 inches) of the applicant (head and shoulders area, face forward) shall be provided by the applicant to be used in the investigation of the applicant, the preparation of a photo identification license card, and the identification of the license holder following issuance. Provided, in the case of a renewal application, the City Clerk may waive the requirement for photographs if the applicant's photographs are on file and new photo identification permit cards are not to be issued.
7. Certification from the American Organization of Bodywork Therapies of Asia or other Asian bodywork organization certifying or approving the applicant as a practitioner of Asian Bodyworks. The information for the American Organization of Bodywork Therapies of Asia or other American Organization of Bodywork Therapies of Asia shall include:
 - a. The name, address, telephone number and e-mail address of the Asian bodywork approach school;
 - b. The name of all faculty members of the Asian bodywork school who provided education or training to the applicant including those teachers Asian bodywork certifications, experience and educational background;
 - c. The Applicant shall provide a copy of their school transcript which shall include identification of all courses taken, the number of hours for those courses, a passing grade for all those courses, a copy of their tuition bill, and proof of payment of tuition.

ATTACHMENT C (continued)

- d. A copy of the ethical standards of the school or Asian bodywork organization.
8. No certification or approval from an Asian bodywork approach school shall be accepted by the City Clerk if all or a portion of the credits used for the certification of the applicant were earned in a country other than the United States of America.
9. No Asian bodywork approach exemption certificate shall be issued by the City Clerk unless the City Clerk independently verifies in writing from the Asian bodywork approach school that the applicant has successfully completed the requirements of the Asian bodywork approach school's program and that the documents required by subsection 7 of Section 26-183 are true and correct.
10. If upon investigation, the City determines that an applicant's licensure or certification may not be bona fide, or that the organization providing the licensure or certification may not be bona fide, or that the Asian bodywork organization or school has not verified the accuracy of the documents required by subsection 7 of Section 26-183 are true and correct, the City Clerk may deny the certificate of exemption. The City Clerk shall notify the applicant of the reasons for the denial in writing. The applicant shall have the right to establish the bona fide nature of the licensure or certification in writing.