

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:

b. Has any massage business license or permit issued to the Applicant ever been revoked or suspended? Yes No

If Yes, complete the following:

Jurisdiction revoking or suspending license:

Date of occurrence: _____

Reason given for revocation/suspension:

Provide explanatory information, if desired:

3. Photographs

Two passport size photographs (1inch 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.

4. Acknowledgment:

In the event the Applicant is made aware that any information or document submitted as part of this application process is inaccurate or incomplete, Applicant agrees to immediately notify the City and provide appropriate corrections. Applicant understands and agrees to provide such additional information and material, and that failure to do so may delay the processing of this application or result in its denial.

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 as provided in Section 26-185 (b) for each person required to submit fingerprints.

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

Applicant: _____

Print Name

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

Notary Public

For Office Use Only:

TO POLICE DEPT. _____ (date)

Comments: _____

Police Signature

Date