

# MESSAGE ESTABLISHMENT LICENSE APPLICATION

APPLICATION IS HEREBY MADE TO THE VILLAGE OF WOODRIDGE FOR A MESSAGE ESTABLISHMENT LICENSE UNDER THE CODE OF ORDINANCES OF THE VILLAGE OF WOODRIDGE. LICENSE APPLICATIONS WILL NOT BE ACCEPTED UNLESS INFORMATION IS PROVIDED IN FULL.

PLEASE PRINT

## 1. GENERAL INFORMATION

### a. Applicant

Name: \_\_\_\_\_  
(Last) (First) (Full Middle) (Maiden)

Nicknames or Aliases: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Address Unit No.

\_\_\_\_\_ City State Zip

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State of License: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male/Female (circle one)

Please state the name, address, and telephone number of any and all business, occupation, or employment of the applicant for the past three (3) years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### b. Status of Business

Individual(s) or Sole Proprietorship \_\_\_\_\_ Corporation(s) \_\_\_\_\_ Partnership \_\_\_\_\_

Is applicant the beneficial owner of the business to be operated? Yes \_\_\_\_\_ No \_\_\_\_\_

## 2. BUSINESS INFORMATION

### a. Location and Management

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street Address Suite No.

\_\_\_\_\_ City State Zip

Business Phone: \_\_\_\_\_

Please describe the proposed massage establishment including all activities or business to be conducted at the same location and the physical facilities to be used:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Employees: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time

Number of Massage Therapists: \_\_\_\_\_

Square Footage of Business: \_\_\_\_\_ Zoning Classification: \_\_\_\_\_

Illinois Retail Occupational Tax No: \_\_\_\_\_

*(Also known as the Illinois Business Tax No.)*

If no number, please explain why: \_\_\_\_\_

Will business be conducted by a manager on behalf of the applicant? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, fill out the following information:

Manager Name: \_\_\_\_\_  
(Last) (First) (Full Middle) (Maiden)

Manager Address: \_\_\_\_\_  
Street Address Unit No.

\_\_\_\_\_  
City State Zip

Manager Email: \_\_\_\_\_ Manager Home Phone: \_\_\_\_\_

Manager Drivers License Number: \_\_\_\_\_ State of License: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male/Female *(circle one)*

**b. Ownership Information**

Property Owner: \_\_\_\_\_

Owner Address: \_\_\_\_\_  
Street Address Unit No.

\_\_\_\_\_  
City State Zip

**IF THE PROPERTY IS LEASED:**

Leasing Agent Name: \_\_\_\_\_

Leasing Agent Email: \_\_\_\_\_

Leasing Agent Address: \_\_\_\_\_

Street Address

Suite No.

City

State

Zip

Dates of Lease: \_\_\_\_\_

***PLEASE PROVIDE A COPY OF YOUR LEASE OR DEED.***

**IF THE BUSINESS IS INDIVIDUALLY OWNED:**

Name: \_\_\_\_\_

(Last)

(First)

(Full Middle)

(Maiden)

Home Address: \_\_\_\_\_

Street Address

Unit No.

City

State

Zip

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State of License: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male/Female *(circle one)*

**IF THE BUSINESS IS OWNED BY A PARTNERSHIP:**

Date of Formation: \_\_\_\_\_

**Partner Name (1):** \_\_\_\_\_

(Last)

(First)

(Full Middle)

(Maiden)

Home Address: \_\_\_\_\_

Street Address

Unit No.

City

State

Zip

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State of License: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male/Female *(circle one)*

**Partner Name (2):** \_\_\_\_\_

(Last)

(First)

(Full Middle)

(Maiden)

Home Address: \_\_\_\_\_

Street Address

Unit No.

City

State

Zip

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Drivers License Number: \_\_\_\_\_ State of License: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Male/Female (circle one)

**IF THE BUSINESS IS OWNED BY A CORPORATION:**

Name of Corporation: \_\_\_\_\_

Address of Corporation: \_\_\_\_\_  
Street Address Unit No.

City State Zip

Primary Phone: \_\_\_\_\_

State of Incorporation: \_\_\_\_\_

Date of Incorporation: \_\_\_\_\_

Certificate Number: \_\_\_\_\_

Registered Agent: \_\_\_\_\_  
(A person or entity designated to receive important tax and legal documents on behalf of the corporation.)

Agent's Title: \_\_\_\_\_

Agent's Address: \_\_\_\_\_

Agent's Phone: \_\_\_\_\_

**A CORPORATION MUST DISCLOSE THE NAMES AND ADDRESSES OF THE OFFICERS, DIRECTORS AND THOSE STOCK HOLDERS OWNING IN EXCESS OF TWENTY (20) PERCENT OF THE OUTSTANDING STOCK OF INTEREST.**

**OFFICERS**

Name and Title	Address	City, State, ZIP	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DIRECTORS AND THOSE STOCK HOLDERS OWNING IN EXCESS OF TWENTY (20) PERCENT OF THE OUTSTANDING STOCK OF INTEREST

Name	Address	City, State, ZIP	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**3. FINGERPRINTS AND STATEMENT OF CONVICTIONS**

The following persons are required to submit a STATEMENT OF CONVICTIONS as outlined in ATTACHMENT A and fingerprinted by the Woodridge Police Department:

- a. Any applicant or applicant's manager.
- b. Any limited partner owning more than twenty (20) percent of the aggregate limited interest in such partnership.
- c. All officers, directors, and stockholder(s) of a corporation owning in the aggregate more than twenty (20) percent of the stock of such corporation.

**4. ACKNOWLEDGEMENT**

ALL BUSINESSES WILL BE INSPECTED ANNUALLY RELATIVE TO ZONING, BUILDING AND FIRE CODES.

(I) (WE) HEREBY CERTIFY THAT ALL OF THE INFORMATION CONTAINED IN THIS APPLICATION FOR A MESSAGE ESTABLISHMENT LICENSE IS TRUE AND CORRECT, FURTHER THAT ANY FALSE INFORMATION PROVIDED FOR IN THIS APPLICATION SHALL BE GROUNDS FOR REVOCATION OF THE LICENSE AS WELL AS ANY OTHER PENALTIES PROVIDED FOR BY LAW.

NOTE – THIS IS AN APPLICATION FOR A MESSAGE ESTABLISHMENT LICENSE AND IT IS UNDERSTOOD THAT A BUSINESS CANNOT BE CONDUCTED UNTIL A LICENSE IS ISSUED BY THE VILLAGE CLERK OF THE VILLAGE OF WOODRIDGE, ILLINOIS. (I) (WE) FURTHER STATE THAT (I) (WE) UNDERSTAND ALL OF THE ORDINANCES OF THE VILLAGE OF WOODRIDGE THAT PERTAIN TO THE OPERATION OF A MESSAGE ESTABLISHMENT.

DATE \_\_\_\_\_

**PRINTED NAME, SIGNATURE, TITLE, AND PHONE NUMBER OF AUTHORIZED PERSON MAKING THIS APPLICATION:**

\_\_\_\_\_  
Printed Name Signature Title

\_\_\_\_\_  
Phone

**DO NOT WRITE BELOW THIS LINE**

\*\*\*\*\*

**5. REVIEW AND APPROVAL**

**POLICE DEPARTMENT REVIEW BY:** \_\_\_\_\_ **Date** \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LICENSE IS \_\_\_\_\_ APPROVED \_\_\_\_\_ DENIED

REASON FOR DENIAL \_\_\_\_\_

\_\_\_\_\_

**CODE ENFORCEMENT REVIEW BY:** \_\_\_\_\_ **Date** \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LICENSE IS \_\_\_\_\_ APPROVED \_\_\_\_\_ DENIED

REASON FOR DENIAL \_\_\_\_\_

\_\_\_\_\_

**RETURN COMPLETED APPLICATION TO:**

**Business License Department  
Village of Woodridge  
Five Plaza Drive  
Woodridge, IL 60517**

**Receipt No.** \_\_\_\_\_

**License No.** \_\_\_\_\_

**Decal No.** \_\_\_\_\_

**ATTACHMENT A**

**STATEMENT OF CONVICTIONS**

(Must be submitted by all persons as required in Section 3 – please make additional copies as necessary)

Name: \_\_\_\_\_ Business: \_\_\_\_\_

Have you ever been convicted of any of the following:

**Item 1:** Any offense involving sexual misconduct with children or other sex offenses as defined in 720 ILCS 5/1-1 *et seq.*  
YES \_\_\_\_\_ NO \_\_\_\_\_

**Item 2:** A felony based upon conduct or involvement in a massage establishment or related or similar business or activity, within the past ten years.  
YES \_\_\_\_\_ NO \_\_\_\_\_

**Item 3:** A felony unrelated to conduct or involvement in a massage establishment 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.  
YES \_\_\_\_\_ NO \_\_\_\_\_

**Item 4:** A misdemeanor or licensing ordinance violation based upon conduct or involvement in a massage establishment or related or similar business or activity, within the past two years.  
YES \_\_\_\_\_ NO \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

**ATTACHMENT B**

**WOODRIDGE POLICE DEPARTMENT  
BUSINESS NOTIFICATION SHEET**

In order for emergency service personnel to respond to your business, the following information must be provided. In the event that your below listings change, it will be the responsibility of the business owner/manager to notify the Woodridge Police Department in writing of the changes.

**Please Print or Type**

BUSINESS NAME
BUSINESS ADDRESS
BUSINESS PHONE NUMBER
BUSINESS FAX NUMBER
E-MAIL ADDRESS FOR BUSINESS
ALARM COMPANY NAME/ADDRESS/PHONE NUMBER
BUSINESS OWNER'S NAME, HOME ADDRESS AND HOME PHONE NUMBER

MANAGER'S NAME	MANAGER HOME ADDRESS	MANAGER HOME PHONE/CELL/PAGER
AFTER HOURS EMERGENCY CONTACT #1	HOME ADDRESS	HOME PHONE OR CELL/PAGER
AFTER HOURS EMERGENCY CONTACT #2	HOME ADDRESS	HOME PHONE OR CELL/PAGER
AFTER HOURS EMERGENCY CONTACT #3	HOME ADDRESS	HOME PHONE OR CELL/PAGER

**BUSINESS NOTIFICATION SHEET (CONT.)**

BUSINESS HOURS	OPEN	CLOSE
SUNDAY		
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		

Do you have an alarm? Yes:  No:

What type of alarm do you have? Burglar:  Fire:  Hold up:  Panic:  Other:

Alarm Installer/Monitoring Station: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Direct Hook up?** Yes:  No:  **To police?** Yes  No  **Fire?** Yes  No  **Hardwire?**  **Radio?**

Please indicate any special instructions you would like the Woodridge Police Department to know when responding to your alarm? (use separate page if necessary)

Are there any weapons on the premises? Yes:  No:

If the answer to the above question is yes, where are they and what kinds of weapons are they? **Be specific** (use separate page if necessary)

Are there guard dogs on the premise/property? Yes  No

If the answer to the above question is yes, when are the dogs on the premise/property? Where are the dogs on the premise/property? **Be specific** use separate page if necessary.

\_\_\_\_\_  
 \_\_\_\_\_

Under the right to know law, are any substances stored at your premise/property that require material safety data sheets? Yes  No

**Please attach each M.S.D.S. to this document. List the location of each substance. If special care is required to any substance please indicate this. Please be specific.**

*In the event that the above named business is found to be unsecured, I.E., unlocked or where an entrance door or a window is found to be open when the premises are not occupied after business hours, I hereby authorize the officers of the Woodridge Police Department to enter the above named business for the purpose of protecting persons and property and to search for possible intruders.*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_