

**VILLAGE OF LOMBARD**

**Application for Massage Establishment License**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE #:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**DRIVER'S LICENSE:** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

**BUSINESS NAME:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_

**BUSINESS PHONE NO.:** \_\_\_\_\_

**SALES TAX ID #:** \_\_\_\_\_

**Is the Applicant a:** \_\_\_ Corporation \_\_\_ LLC \_\_\_ Single Owner

**Legal name of Corporation, Partnership, LLC or Single Owner:** \_\_\_\_\_

**List information for officers, partners or owner if different from applicant:**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE#** \_\_\_\_\_

**DRIVER'S LICENSE #** \_\_\_\_\_ **SOCIAL SECURITY #** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE#** \_\_\_\_\_

**DRIVER'S LICENSE #** \_\_\_\_\_ **SOCIAL SECURITY #** \_\_\_\_\_

**LIST ALL RESIDENTIAL ADDRESSES FOR THE PAST THREE (3) YEARS:**

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**LIST ALL PLACES OF EMPLOYMENT FOR THE LAST THREE (3) YEARS:**

**BUSINESS NAME:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_

**TELEPHONE #:** \_\_\_\_\_

**BUSINESS NAME:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_

**TELEPHONE #:** \_\_\_\_\_

**BUSINESS NAME:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_

**TELEPHONE #:** \_\_\_\_\_

**List the funding source for the opening of the establishment:**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**List the type(s) of massage to be administered:** \_\_\_\_\_

**Name of the Certified Massage Therapist(s) for the establishment:**

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**(Attach a copy of the Certified Massage Therapist's diploma)**

Do you hold, or have you ever held a license or permit for masseuse or masseur?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, date issued \_\_\_\_\_ ISSUING JURISDICTION \_\_\_\_\_

If yes, have you ever had said permit or license suspended or revoked for any reason:

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, give reason: \_\_\_\_\_

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

Have you ever been convicted of a criminal offense, Village Ordinance, suffered forfeiture of a bond or pleaded nolo contendere to any charge other than a traffic violation?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, explain: \_\_\_\_\_

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

List all courses of study or professional training in massage practicing completed:

COURSE: \_\_\_\_\_

COURSE LOCATION: \_\_\_\_\_

DATE COMPLETED: \_\_\_\_\_

COURSE: \_\_\_\_\_

COURSE LOCATION: \_\_\_\_\_

DATE COMPLETED: \_\_\_\_\_

COURSE: \_\_\_\_\_

COURSE LOCATION: \_\_\_\_\_

DATE COMPLETED: \_\_\_\_\_

I hereby certify that the information provided in this application is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Applicant

Signed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Public

SEAL

\_\_\_\_\_  
Applicant Investigating Officer

(signature)

Permit issued this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Chief of Police

PERMIT NUMBER \_\_\_\_\_

#### DOCUMENT ATTACHMENTS

\_\_\_\_\_ Written Evidence of Age

\_\_\_\_\_ Fingerprints - \$40.00 fee

\_\_\_\_\_ Massage Practitioner Training Certificates

\_\_\_\_\_ Permit Fee Paid

\_\_\_\_\_ Good Standing – State of IL

\_\_\_\_\_ Certificate of Insurance

**INITIAL APPLICATION FEE: \$250.00**  
Expires one year after date issued

**RENEWAL FEE: \$100.00**