

**MESSAGE ESTABLISHMENT LICENSE RENEWAL APPLICATION  
CITY OF OAKBROOK TERRACE**

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

License Fee: \$500.00

Applicant:

Full name: \_\_\_\_\_  
(Full name of individual or legal entity in ownership is required)

**Complete the following only if there are changes from the original license application:**

If an individual:

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

Telephone: \_\_\_\_\_

Current occupation: \_\_\_\_\_

Criminal convictions other than misdemeanor traffic violations, including all specified criminal acts, as defined in sec. 119.01 of the Oakbrook Terrace Code:

\_\_\_\_\_

If a partnership (general or limited), joint venture, association, firm or limited liability corporation:

For each **new** officer, general partner or limited partner and any other individual or person entitled to share in more than ten per cent (10%) of the profits of the organization, whether or not such person is also obligated to share in the liabilities of the organization, please list, on a separate sheet, the individual's name and address; two previous addresses immediately prior to the current address; current occupation and business, occupation or employment for the previous three (3) years; telephone number; date of birth; social security number; driver=s license number; height, weight, color of eyes and hair; sex; criminal convictions other than misdemeanor traffic violations, including all specified criminal acts, as defined in sec. 119.01 of the Oakbrook Terrace Code; any other names used by or by which the individual is known, including aliases and nicknames; and percentage of voting shares and/or profits, if applicable.

**Please identify any officer, general partner or limited partner or any other individual or person entitled to share in more than ten per cent (10%) of the profits of the organization who is no longer involved in the partnership since the last application submitted to the City.**

If a corporation:

For each **new** officer and/or director of the corporation, and each person owning more than ten per cent (10%) of the voting shares, please list, on a separate sheet, the individual's name and address; two previous addresses immediately prior to the current address; current occupation and business, occupation or employment for the previous three (3) years; telephone number; date of birth; social security number; driver=s license number; height, weight, color of eyes and hair; sex; criminal convictions other than misdemeanor traffic violations, including all specified criminal acts, as defined in sec. 119.01 of the Oakbrook Terrace Code, and including the dates of convictions, nature of the crimes and place convicted; any other names used by or by which the individual is

known, including aliases and nicknames; and percentage of voting shares and/or profits, if applicable.

**Please identify any officer and/or director of the corporation and each person owning more than ten per cent (10%) of the voting shares who is no longer involved in the corporation since the last application submitted to the City.**

**For each individual identified above for the first time in this application, applicant must attach a copy of some form of official identification issued by a governmental entity, such as a driver's license; provide a two inch (2") by two inch (2") front-face photograph taken within thirty (30) days prior to the application for; and provide a complete set of fingerprints for each such individual, which shall be taken by the chief of police.**

Business to be licensed:

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

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

If there is any change since the last application submitted to the City, state the nature of the massage therapy to be administered, by kind, type, method or art, including supplementary aids and/or substances to be used or applied, and a detailed description of any other service r services to be provided: \_\_\_\_\_

A description of any **new** businesses that will be operated on the same premises as the massage establishment or on adjoining premises owned and controlled by the applicant since the last application submitted to the City: \_\_\_\_\_

Provide a massage therapist application for each **new** massage therapist who is or will be employed in the massage establishment since the last application submitted to the City.

If the person responsible to manage the massage establishment has changed since the last application submitted to the City, please provide, on a separate sheet, the individual's name and address; two previous addresses immediately prior to the current address; current occupation and business, occupation or employment for the previous three (3) years; telephone number; date of birth; social security number; driver=s license number; height, weight, color of eyes and hair; sex; criminal convictions other than misdemeanor traffic violations, including all specified criminal acts, as defined in sec. 119.01 of the Oakbrook Terrace Code, and including the dates of convictions, nature of the crimes and place convicted; any other names used by or by which the individual is known, including aliases and nicknames.

Please list, on a separate sheet, the names of each governmental entity to which, since the last application submitted to the City, the applicant has applied for, received, or been denied a license or other authorization to conduct and operate a business or has had such a license or authorization suspended or revoked if such business was substantially similar to a massage establishment, required a federal, state or local license; or required a federal, state or local gaming license, and the name and address of any such business.

**Attach a diagram showing any changes to the internal and external configuration of the**

licensed premises, including all doors, windows, entrances, exits, fixed structural internal features, interior rooms, walls, partitions and restrooms since the last application submitted to the City. Such diagram need not be professionally prepared, but it shall be oriented to the north or to some designated street or object, and shall be drawn to a designated scale or with marked dimensions to an accuracy of plus or minus six inches, and shall be sufficient to show clearly the various interior dimensions of all areas of the licensed premises, and to demonstrate compliance with the provisions of chapter 119 of the Oakbrook Terrace Code.

**An authorized representative of the applicant must sign the following representations:**

- I do hereby authorize the City of Oakbrook Terrace to conduct a background investigation, including fingerprinting as required, to determine the qualifications of the applicant, the manager, and the identified partners, officers, directors and shareholders of the business entity for renewal of a massage establishment license under chapter 119 of the Oakbrook Terrace Code, including a criminal background check through the State of Illinois or other agency.
- I further state that all information and answers given on this application are true and correct.
- I further state that, if the massage establishment license is renewed, all facilities in connection with the massage establishment shall be subject to inspection and approval by the regulatory agencies, as defined in sec. 119.01 of the Oakbrook Terrace Code, and that such facilities shall comply in all respects with all applicable codes and ordinances of such regulatory agencies.
- I further state that the applicant; each and every officer, director, partner, or shareholder identified in this application; and the proposed business, meet all of the requirements for qualification for renewal of a massage establishment license.
- I further state that I have read chapter 119 of the Oakbrook Terrace Code and all provisions of the city's zoning code applicable to massage establishments, that I am familiar with the terms and conditions of such provisions, and that the licensed premises, the proposed massage establishment, and its proposed operation and employees are and shall be in compliance therewith.

\_\_\_\_\_  
Title: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

Signed and sworn to before me  
this \_\_\_\_ day of \_\_\_\_\_, 200\_.

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