

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

Date: _____

License Application Fee: \$500.00

Applicant:

Full name: _____

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

Please provide, on a separate sheet, the names, current addresses and written statements of at least three (3) bona fide permanent residents of the United States that the applicant is of good moral character; provided that, if possible, such statements should be first furnished from residents of the city, then of DuPage County, then of the State of Illinois, and lastly from the remainder of the United States, and further provided that such statements shall not be from relatives or business associates.

If an individual:

Date of birth _____

Address: _____

Two previous addresses immediately prior to the current address: _____

Telephone Number: _____

Current occupations: _____

Business, occupation or employment for the previous three (3) years: _____

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: _____

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

For each 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.

Also, state the following:

Date and state of incorporation or formation: _____
Tax Identification number: _____

Interest in premises to be licensed (own, lease): _____

Please attach evidence of ownership or a copy of any lease.

If a corporation:

For each 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.

Date and state of incorporation or formation: _____
Tax Identification number: _____

For each individual identified above, applicant must attach a copy of some form of official identification issued by a governmental entity, such as a driver's license.

For each individual identified above, applicant must provide a two inch (2") by two inch (2") front-face photograph taken within thirty (30) days prior to the application for.

Each such individual must also provide a complete set of fingerprints, which shall be taken by the chief of police.

Business to be licensed:

Name: _____

Address: _____

If the property on which the business is to be operated is owned by the applicant, state the name and address of the record title holder: _____

If the property on which the business is to be leased by the applicant, state the term of the lease and the name and address of the landlord: _____

Please attach evidence of ownership or a copy of any lease.

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 or services to be provided: _____

A description of any other businesses to be operated on the same premises as the massage establishment or on adjoining premises owned and controlled by the applicant: _____

Provide a massage therapist application for each massage therapist who is or will be

employed in the massage establishment.

For the individual who will be responsible to manage the massage establishment, 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, within five (5) years immediately prior to the date of this application, 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.

Zoning classification of premises to be licensed: _____

Attach a diagram showing 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. 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.

Applicant's business experience in a massage establishment business: _____

Identify any similar application for any other license that has been made for the premises, and the disposition of such application, if any: _____

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 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 a massage establishment license is issued, 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 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