Office Use Only:

Application #: _____

City of Crystal Lake

Massage Establishment License Application

Any business offering massage therapy must complete this application and provide all necessary supplemental documents and information. There is a $50 application fee for new establishments. Additional fees may apply. **PLEASE PRINT**.

Applicant's Name: _____ Year Business Est._____

Type of Business Ownership: ☐ *Individual* ☐ *Partnership* ☐ *LLC* ☐ *Corporation*
(Provide a copy of business incorporation-state registration details)

Name of the Business: _____

Name of Business's Authorized Agent: _____

Business Address: _____ Business phone number: _____

If business is owned by an individual, provide the following information:
Full Name: _____

Address: _____
Street City State Zip

Date of Birth: _____ Gender: _____

Description: _____
Height Weight Hair Color Eye Color Ethnicity

☐ *Copy of State Issued ID provided* ☐ *Current photo*

Previous Employment for the past 3 years: _____

Have you made an application for massage license or similar in the United States before?

☐ *No* ☐ *Yes* If yes, provide location: _____

Have you ever had a massage license or similar suspended or revoked?

☐ *No* ☐ *Yes* If yes, why: _____

Have you ever pled guilty or been found guilty of any provision of this article or other municipality's ordinance which regulates massage?

☐ *No* ☐ *Yes* If yes, provide a list of all offenses: _____

Acknowledgements and Certification

By signing below, I certify the following:

I have the authority from my organization to sign and submit this application on their behalf. I agree to the terms and conditions listed above. I acknowledge that not all of the aspects of the permit application may be approved as presented, changes may be necessary based on City staff review. I acknowledge my Permit may be denied or revoked at any time based on failing to comply with the terms and conditions of the Massage Establishment License.

_____ _____

Signature of Owner/Operator *Date*

Information for all members of a Partnership, LLC or Corporation

Date of Incorporation: _____

Full Name: _____

Address: _____
Street City State Zip

Date of Birth: _____ Gender: _____

Description: _____

☐ *Copy of State Issued ID provided*

Full Name: _____

Address: _____
Street City State Zip

Date of Birth: _____ Gender: _____

Description: _____

☐ *Copy of State Issued ID provided*

Full Name: _____

Address: _____
Street City State Zip

Date of Birth: _____ Gender: _____

Description: _____

☐ *Copy of State Issued ID provided*

(Use additional paper if necessary)

Lease Information

☐ Provide copy of current lease and/or affidavit ☐ Own building

Information of other business(es) at same location

Name of the Business: _____

Name of Business's Authorized Agent: _____

Business phone number: _____

Employee information for those who are directly involved in scheduling and management of massage therapists

JOB TITLE: _____

Full Name: _____

Address: _____
Street City State Zip

Date of Birth: _____ Gender: _____

Description: _____

☐ *Copy of State Issued ID provided* ☐ *Current photo*

JOB TITLE: _____

Full Name: _____

Address: _____
Street City State Zip

Date of Birth: _____ Gender: _____

Description: _____

☐ *Copy of State Issued ID provided* ☐ *Current photo*

JOB TITLE: _____

Full Name: _____

Address: _____
Street City State Zip

Date of Birth: _____ Gender: _____

Description: _____

☐ *Copy of State Issued ID provided* ☐ *Current photo*

JOB TITLE: _____

Full Name: _____

Address: _____
Street City State Zip

Date of Birth: _____ Gender: _____

Description: _____

☐ *Copy of State Issued ID provided* ☐ *Current photo*

(Use additional paper if necessary)

Licensed massage therapists on premises information

Full Name: _____

Address: _____
Street City State Zip

Date of Birth: _____ Gender: _____

Description: _____

☐ *Copy of Massage License provided* ☐ *Copy of State Issued Photo ID provided* ☐ *Current photo*

Full Name: _____

Address: _____
Street City State Zip

Date of Birth: _____ Gender: _____

Description: _____

☐ *Copy of Massage License provided* ☐ *Copy of State Issued Photo ID provided* ☐ *Current photo*

Full Name: _____

Address: _____
Street City State Zip

Date of Birth: _____ Gender: _____

Description: _____

☐ *Copy of Massage License provided* ☐ *Copy of State Issued Photo ID provided* ☐ *Current photo*

Full Name: _____

Address: _____
Street City State Zip

Date of Birth: _____ Gender: _____

Description: _____

☐ *Copy of Massage License provided* ☐ *Copy of State Issued Photo ID provided* ☐ *Current photo*

Full Name: _____

Address: _____
Street City State Zip

Date of Birth: _____ Gender: _____

Description: _____

☐ *Copy of Massage License provided* ☐ *Copy of State Issued Photo ID provided* ☐ *Current photo*

(Use additional paper if necessary)