City of Crystal Lake
Community Development Department

100 W. Woodstock Street
Crystal Lake, IL 60014

Phone#: (815) 356-3605
Fax #: (815) 479-1647
www.crystallake.org

LIMITED USE PERMIT

Business/Owner Name: _____

Phone Number: _____

Business/Property Address: _____

Limited Use requested for: _____

Describe the project, including the general purpose of the proposed uses(s) and/or structures: _____

_____

_____

_____

_____

Is this an expansion of an existing operation? _____

If *Yes*, please indicate if any prior Limited or Special Use Permits were granted by the City.

_____

_____

_____

_____

What are the proposed hours of operation? _____

_____

Provide your best estimate on the average number of daily customers: (if applicable) _____

Please refer to the limited use criteria for your proposed use in Article 2, Land Uses of the Unified Development Ordinance (Ask staff for a copy of the criteria or check the City's code at https://ecode360.com/29066033).

Does your project meet all the review criteria for the specific use?

_____

If not, please list and describe the variations that are being sought for this project. Please note that a Special Use Permit and/or variations may be necessary prior to approval of this project.

_____

_____

_____

_____

_____ _____ _____

Signature-Business/Property owner or agent — Printed Name – Business/Property owner or agent — Date

person responsible for the above requirements.

Email – Business owner or agent: _____

OFFICE USE ONLY:

Approved: _____ Denied: _____ Permit #: _____

Comments: _____

_____

_____

Plan Reviewer: _____ Date: _____

CITY OF CRYSTAL LAKE ILLINOIS
(815) 356-3605 Phone (815) 479-1647 Fax

Limited Use Permit Checklist – Massage Establishment

UDO section 2-400(C)(65)

Address: _____ **Permit #:** _____

Owner Name: _____ **Phone Number:** _____

Description	Complies Y / N	Comments
A floor plan, drawn to scale, is required illustrating all the services/uses listed.		
A complete list of the names, residence addresses, with zip codes, and dates of birth of all licensed massage therapists engaged in massage at the massage establishment, as well as current copies of the licenses as issued by the State Department of Professional Regulation of all licensed massage therapists must be provided.		
All massage establishments subject to this section are declared to be public places, and shall not, during business hours, have the doors to the exits and entrances of such establishment locked or obstructed in any way so as to prevent free ingress and egress of persons; provided, however, that such doors may be closed.		
Persons under 18 years of age are not permitted in a massage establishment, unless accompanied by his/her parent or legal guardian.		
At least 75% of the window area of the massage establishment shall be visible, installed with clear, nonreflective windows. Blocking of windows with drapes, blinds or shelving is prohibited.		
No massage establishment shall be kept open for any purpose between the hours of 9:00 p.m. and 8:00 a.m.		
No residential use is permitted within the massage establishment at any time.		
Alcohol is not permitted to be served in a massage establishment at any time.		
Prior to applying for a limited use permit, the owner shall complete the required Massage Establishment License application. The license shall be reviewed and approved prior to moving forward with the limited use application.		
By applying for a limited use, the applicant is authorizing the City, its agents or employees to seek information and conduct an investigation into the truth of the statements set forth in the application, including an investigation of the applicant's character, qualification and criminal background check.		

By applying for a limited use, the applicant is consenting to unannounced inspections by the City, its agents or employees for the purpose of determining of the provisions of this section are met.		
Upon sale, transfer or relocation of a massage establishment, the limited use will be considered null and void.		

Reviewer: _____ Date: _____

Approved ☐ **Not Approved** ☐