



**VILLAGE OF LAKE BLUFF  
MESSAGE ESTABLISHMENT APPLICATION**

**CONTACT INFORMATION:**

Name of Business: \_\_\_\_\_

Name of Applicant/Manager: \_\_\_\_\_

Social Security Number of Applicant/Manager: \_\_\_\_\_

Applicant's Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Address of Place of Business for which Application is made: \_\_\_\_\_

**BUSINESS INFORMATION:**

Date of Incorporation: \_\_\_\_\_

Does Applicant own premises for which license is sought? \_\_\_\_\_

State whether the Applicant is (i) an individual or (ii) a partnership, firm association or corporation:

\_\_\_\_\_

Residence Address(es) for past three years (attach additional page(s) if needed):

\_\_\_\_\_

\_\_\_\_\_

Business, occupation, or employment of Applicant, as well as address, for the past three years (attach additional page(s) if needed):

\_\_\_\_\_

\_\_\_\_\_

Has any license previously issued to the Applicant been revoked or suspended by any State, Federal, or Local Authority? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

\_\_\_\_\_

List any previous experience in the Massage Therapy business, including States where you hold a license to operate a Massage Therapy business (attach additional page(s) if needed):

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

Names, current addresses, dates of birth of **all** employees (attach additional page(s) if needed):

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

**The following information must be attached to the application:**

1. A copy of a valid license issued by the State of Illinois Department of Financial and Professional Regulation for each massage therapist who will provide massage services at the massage establishment.
2. Evidence that all employees are at least 18 years of age.
3. Confirmation from the Lake Bluff Community Development Department (847-283-6885) that the proposed licensed premises is in conformity with all State and Federal regulations and ordinances of the Village.
4. Valid State of Illinois ID (i.e. driver's license).

Please know the Village Administrator has the authority to request information and assistance from any governmental agency as part of the authorized investigation of the Applicant or any employee. If requested by the Village Administrator, criminal background check forms will be completed and forwarded to the Illinois State Police who will conduct a criminal background investigation. The Applicant will be responsible for all costs associated with a criminal background investigation. Applicant is responsible to pay the fee of \$100 per person, in addition to the \$100 application fee. This must be done before a license can be issued.

**LICENSE FEE AND OWNER'S SIGNATURE:**

<b>SECTION TO BE COMPLETED BY THE APPLICANT</b>		<b>OFFICE USE ONLY</b>
<b>TYPE OF BUSINESS</b>	<b>REQUIRED FEE</b>	<b>FEE PAID</b>
<input type="checkbox"/> Massage Establishment	\$100.00 – Application Fee \$100.00 – Background Investigation Fee	\$ _____ \$ _____

*The undersigned swears that the Applicant will not violate any ordinances of the Village of Lake Bluff, or laws of the State of Illinois, or laws of the United States of America, in the conduct of the place of business described herein and that the statements contained in this application are true and correct to the best of our knowledge and belief.*

License Expiration Date: April 30, 2021

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

Village of Lake Bluff • 40 E. Center Avenue • Lake Bluff • Illinois • 60044