

DON GRAY

SANGAMON COUNTY CLERK

200 SOUTH NINTH STREET – 1st FLOOR

SPRINGFIELD, IL 62701

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WEBSITE: countyclerk.sangamonil.gov



MESSAGE ESTABLISHMENT LICENSE APPLICATION

IMPORTANT: Application must be completed in full and notarized before it will be accepted. Application must include the completed background check authorization.

All fees must be paid at the time the application is submitted.

Application Fee: \$50.00

Please select the type of ownership of your business:

Corporation _____ LLC _____ Partnership _____ Sole Proprietorship _____

Individual _____ Joint Venture _____ Other _____

If you chose other, please explain here: _____

Name of Business _____

Assumed Name of Business _____

Address of Business _____

Phone Number _____

Manager(s) or other(s) principally in charge of the operation of the Establishment

Attach separate sheet of paper if necessary

Name _____ Phone _____

Residence Address _____

Date of Birth _____

The following information is needed if you are:

Attach separate sheet of paper if necessary

- The Applicant, if individual
- If a partnership, include each general and limited partners and each individual who owns more than 5% of such limited partnership
- If the applicant is a joint venture, include each joint venturer and each individual who owns more than 5% of such joint venture
- If corporation, include each officer and director, and, if the corporation's stock is publicly traded, each shareholder owning more than 5% of the outstanding stock in said corporation
- If the applicant is a limited liability corporation, include each manager and member owning or holding more than a 5% membership interest

Name _____ Phone _____

Residence Address _____

Date of Birth _____

If a Corporation, State of Incorporation and principal place of business:

Do you own or lease the massage establishment's place of business?

_____ Own _____ Lease If you lease the location, please provide a copy of the lease agreement in effect at the time of application and the following information:

Name of legal owner of premises _____

Address of legal owner of premises _____

Telephone Number of legal owner of premises _____

If the legal owner is NOT an individual, please provide the following for the representative or agent authorized to act on behalf of the legal owner.

Name _____ Phone _____

Address _____

Massage Establishment History and Experience

Has applicant, general or limited partner, individual who owns more than 5% of limited partnership, joint venturer or individual who owns more than 5% of such joint venture, officer or director of corporation, shareholder owning more than 5% of stock in corporation, or if limited liability company each manager and/or member owning or holding more than a 5% membership interest or person with supervisory authority over the massage establishment's operations had any license denied, revoked, or suspended in the United States for a massage establishment?

_____ Yes _____ No If yes, please explain in full detail:

(Please include reason and disposition)

Criminal Convictions

Has applicant, general or limited partner, individual who owns more than 5% of limited partnership, joint venturer or individual who owns more than 5% of such joint venture, officer or director of corporation, shareholder owning more than 5% of stock in corporation, or if limited liability company each manager and/or member owning or holding more than a 5% membership interest or person with supervisory authority over the massage establishment's operations had any criminal or municipal ordinance violation convictions, forfeiture of bond, or pleadings of nolo contendere on any charges, except minor traffic violations, within the last five years.

_____ Yes _____ No If yes, please disclose the jurisdiction in which convicted, the offense for which convicted, and the case name and number.

- Please attach a complete listing of all names, resident addresses, phone numbers and date of birth of all masseurs and masseuses and employees of the establishment.
- Please attach a copy of the State of Illinois issued massage licenses for all persons who will provide massage services or a copy of the certification or other written documentation or proof of exemption for licensing as required by the Massage Licensing Act (225 ILCS 57/25).
- Applications must be accompanied by signed and sealed plans prepared by an Illinois licensed design professional which demonstrate that the premises to be used by the massage establishment comply with all requirements of the Sangamon County Code, including all Chapter 5.16 requirements.
- Applicant and any manager or person with supervisory authority must have their fingerprints taken at Sangamon-Menard Regional Office of Education, which will also arrange for background checks. Applicant hereby authorizes background check results to be sent to Sangamon County Director of Public Health.
- If the application is approved by the Public Health Committee, the applicant will pay a \$300 licensing fee to the Sangamon County Clerk's Office, and a license will then be issued.

If a change in any information included in an application submitted to the County Clerk occurs at any time while the application is under consideration, the applicant shall immediately file a written statement with the County Clerk indicating the nature and effective date of the change; material changes in application information will result in the application's filing date being deemed the date the material change information is filed with the County Clerk. If the change in information occurs during a license's term, the change in information statement must be filed with the County Clerk no later than ten days after the change(s) take effect.

Applicant authorizes the County, its agents, and employees to seek information and conduct an investigation into the truth of the statements set forth in this application and the qualifications of the applicant for the massage establishment license.

Affidavit

State of Illinois)
) SS
County of Sangamon)

I/We, the undersigned, being first duly sworn, state that I/We have read the foregoing application and that the statements therein are true, complete, and correct and are upon my/our personal knowledge and information that I/We will not violate any of the Sangamon County Code or any laws governing the conduct of the place of business described therein.

It is further represented that the applicant, general or limited partner, individual who owns more than 5% of limited partnership, joint venturer or individual who owns more than 5% of such joint venture, officer or director of corporation, shareholder owning more than 5% of stock in corporation, or if limited liability company each manager and/or member owning or holding more than a 5% membership interest or any person with supervisory authority over the massage establishment's operations has ever been convicted of a felony and would not be disqualified to receive a license by reason of any requirement of the Sangamon County Code and that no applicant, general or limited partner, individual who owns more than 5% of limited partnership, joint venturer or individual who owns more than 5% of such joint venture, officer or director of corporation, shareholder owning more than 5% of stock in corporation, or if limited liability company each manager and/or member owning or holding more than a 5% membership interest or person with supervisory authority will violate any of the Sangamon County Code or any laws governing the conduct of the place of business described herein.

Applicant acknowledges the obligation of those person(s) identified above on this application to submit to background investigations upon the request of Sangamon County.

Dated at Springfield, Illinois this _____ day of _____, 20_____.

Signature of Applicant:_____

I, _____, a Notary Public in and for said County in the State aforesaid, do hereby certify that the signatories hereto, appeared before me this day in person and acknowledged they signed the foregoing affidavit as their free and voluntary act for the use and purposes therein set forth.

Given under my hand and notary seal this _____ day of _____, 20_____.

SEAL

Notary Public

Signature of Manager:_____

I, _____, a Notary Public in and for said County in the State aforesaid, do hereby certify that the signatories hereto, appeared before me this day in person and acknowledged they signed the foregoing affidavit as their free and voluntary act for the use and purposes therein set forth.

Given under my hand and notary seal this ____ day of _____, 20_____.

SEAL

Notary Public

Signature of Business Owner:_____

I, _____, a Notary Public in and for said County in the State aforesaid, do hereby certify that the signatories hereto, appeared before me this day in person and acknowledged they signed the foregoing affidavit as their free and voluntary act for the use and purposes therein set forth.

Given under my hand and notary seal this ____ day of _____, 20_____.

SEAL

Notary Public