



# VILLAGE OF CARY

COMMUNITY DEVELOPMENT DEPARTMENT

755 Georgetown Drive

Cary, IL 60013

Phone: 847.639.1100

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## Massage Establishment License Application

**TO BE COMPLETED BY ALL BUSINESSES WHICH PROVIDE MASSAGE SERVICES ON PREMISES.**

*Per Section 5.36 of the Village Municipal Code, no person shall engage in the business of operating a massage establishment in the Village of Cary without a valid and current license issued by the Village. A separate license shall be required for each massage establishment location regardless of whether such multiple establishments are operated by the same person. It is unlawful to engage in, conduct, operate, carry on or permit to be engaged in or upon any premises in the Village, the business of massage establishment without having at least one licensed massage therapist employed at each licensed location. Massage establishments shall be only in locations as permitted by the Village of Cary Unified Development Ordinance.*

*Section 5.36.040 requires the following information be provided for all Massage Establishment Licenses. Please type or print clearly:*

**1. BUSINESS INFORMATION**

BUSINESS LEGAL NAME \_\_\_\_\_

DOING BUSINESS AS (COMMON NAME) \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ BUSINESS EMAIL \_\_\_\_\_

FEIN \_\_\_\_\_ STATE IBT NUMBER \_\_\_\_\_

HOURS OF OPERATION \_\_\_\_\_

DESCRIPTION OF SERVICES (Please describe the services that will be provided on the premises):

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

**2. APPLICANT**

If more than one applicant related to the proposed business, provide additional information for each applicant and attach as part of this application when submitted.

NAME (LAST, FIRST, MI) \_\_\_\_\_

NICKNAMES or ALIASES (If Applicable) \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_ FAX # \_\_\_\_\_

EMAIL \_\_\_\_\_

**3. APPLICANT ADDRESS HISTORY**

	STREET ADDRESS*	CITY	STATE & ZIP
CURRENT ADDRESS	_____	_____	_____
PREVIOUS ADDRESS	_____	_____	_____
PRIOR ADDRESS	_____	_____	_____

\* Provide physical address of residence. PO Box not acceptable.

**4. APPLICANT EMPLOYMENT HISTORY**

Each applicant shall provide their entire business occupation or employment history for the full three (3) years immediately preceding the date of this application. Provide additional sheets of information to application if necessary.

	CURRENT EMPLOYMENT	PREVIOUS EMPLOYMENT	PRIOR EMPLOYMENT
EMPLOYER	_____	_____	_____
TITLE	_____	_____	_____
BUSINESS ADDRESS	_____	_____	_____
CITY	_____	_____	_____
STATE & ZIP	_____	_____	_____
DATES OF EMPLOYMENT	_____	_____	_____
	From/To	From/To	From/To

**5. STATUS OF BUSINESS**

Check the applicable box which corresponds to your business' official papers filed with the Office of the Secretary of State.

<input type="checkbox"/> SOLE PROPRIETORSHIP	DATE FILED W/ COUNTY CLERK	_____
<input type="checkbox"/> LIMITED LIABILITY CO.	DATE FORMED	_____
<input type="checkbox"/> PARTNERSHIP	DATE OF INFORMATION	_____
<input type="checkbox"/> ILLINOIS CORPORATION	DATE OF INCORPORATION	_____
<input type="checkbox"/> FOREIGN CORPORATION	STATE OF INCORPORATION	_____
	DATE QUALIFIED TO DO BUSINESS IN IL	_____

**6. OWNERSHIP INFORMATION**

If the applicant is a corporation, provide the names and residence addresses of each of the officers and directors of the corporation and of each stockholder owning more than ten percent of the stock of the corporation and the address of the corporation itself, if different from the address of the massage establishment. Provide the total percentage of stock held by all persons with a ten percent or less interest in the corporation.

If the applicant is a limited liability company, provide the names and residence addresses of each of the managers and each member having greater than a ten percent interest in the limited liability company, and the address of the limited liability company itself, if different from the address of the massage establishment. Provide the total percentage of interest of those members with a ten percent or less interest in the limited liability company.

If the applicant is a partnership, provide the names and residence addresses of each of the partners including limited partners and the address of the partnership itself, if different from the address of the massage establishment.

A. NAME (LAST, FIRST, MI) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

TITLE/POSITION \_\_\_\_\_ % OWNERSHIP \_\_\_\_\_

B. NAME (LAST, FIRST, MI) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

TITLE/POSITION \_\_\_\_\_ % OWNERSHIP \_\_\_\_\_

C. NAME (LAST, FIRST, MI) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

TITLE/POSITION \_\_\_\_\_ % OWNERSHIP \_\_\_\_\_

D. TOTAL PERCENTAGE BY ALL PERSONS WITH LESS THAN 10% INTEREST: \_\_\_\_\_ %

**7. BUSINESS LICENSE HISTORY**

Has the applicant had any business or operating license suspended, in this or any other municipality, for any type of business?

Yes  No If Yes, explain the reason for the revocation or suspension and the applicant's occupation or business activity conducted during the time of revocation or suspension.

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

**8. CRIMINAL HISTORY**

List all criminal convictions other than misdemeanor traffic violations, including the dates of convictions, nature of crimes or violations, jurisdiction where convicted and the sentence and/or fine imposed.

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**9. ADDITIONAL BUSINESSES**

List the business type, name, and address for any other businesses you currently own or operate.

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**10. MASSAGE THERAPISTS**

Please provide the following information for each massage therapist, masseur and/or masseuse who is or will be employed in the establishment. A copy of a State issued ID and current copies of licenses issued by the State of Illinois shall be attached to this application.

1. NAME (LAST, FIRST, MI) \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_  
IDFPR\* LICENSE NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

2. NAME (LAST, FIRST, MI) \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_  
IDFPR\* LICENSE NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

3. NAME (LAST, FIRST, MI) \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_  
IDFPR\* LICENSE NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

4. NAME (LAST, FIRST, MI) \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_  
IDFPR\* LICENSE NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

\*IDFPR = Illinois Department of Financial and Professional Regulation

**11. SUBMITTAL REQUIREMENTS**

Attach the following information to this form upon submittal:

1. A copy of Proof of Identification such as a driver’s license or photo I.D which demonstrates the applicant is at least eighteen (18) years of age.
2. The name and address of each massage therapist, masseur and/or masseuse who is or will be employed or contracted at any time, along with their current photographs, State issued ID, and current copies of their massage therapy licenses. This register shall be maintained at all times and be available at the establishment to representatives of the Village of Cary during regular business hours.
3. Floor plan for the business location indicating compliance with the facility requirements of Municipal Code Section 5.36.150
4. Payment of fee for a massage establishment license as set forth in Municipal Code Section 5.36.050.

**FINGERPRINTING:** In addition to the application requirements above, applicants shall submit their fingerprints to be used in completing the investigation. Applicants are required to present themselves for fingerprinting by the Cary Police Department in accordance with Municipal Code Section 5.36.060 to determine eligibility as defined in Municipal Code Section 5.36.120 (B)(1).

**12. POSTING REQUIREMENTS:**

Every person, corporation, limited liability company, partnership or association licensed as a massage establishment by the Village of Cary shall display such license in a prominent place in the massage establishment. Every massage establishment shall also display a valid massage therapist license and photograph for any individual conducting massage within the licensed premises.

**13. APPLICANT SIGNATURE**

By signing below, you affirm that the matters stated in the foregoing application are true and correct, are made upon personal knowledge and information, are made for the purpose of requesting the Village of Cary issue a license herein applied for, the applicant is qualified and eligible to obtain the license applied for, and the applicant will not violate any of the laws of the Village of Cary or other applicable agency in the operation of the massage establishment. You further authorize the Village, its agents and employees, to seek information and conduct an investigation into the truth of the statements set forth in the application and the qualifications of the applicant for the license. The applicant further grants permission for the investigation of the premises named in the application by the Village’s designated representative to determine whether the provisions of all Village ordinances applicable thereto have been complied with. The Village reserves the right to request such other identification and information necessary to discover the truth of the matters required to be set for in this application.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name)

Upon the completion of the above provided form and the furnishing of all foregoing information, the Community Development Department shall accept the application for the necessary investigations. The holder of a massage establishment license shall notify the Community Development Department of each change in any of the data required to be furnished by the Municipal Code within thirty (30) days of any such change.