



# CITY OF PARK RIDGE

505 BUTLER PLACE  
 PARK RIDGE, IL 60068  
 TEL: 847/ 318-5291  
 FAX: 847/ 318-6411  
 TDD:847/ 318-5252  
 URL:<http://www.parkridge.us>

DEPARTMENT OF COMMUNITY  
 PRESERVATION AND DEVELOPMENT

## MESSAGE THERAPY ESTABLISHMENT LICENSE APPLICATION

<b>BUSINESS INFORMATION</b>			
Business Name			
Business Address			
City , State, and Zip Code			
Business Phone Number			
<b>OWNER/OPERATOR INFORMATION</b>			
Business Owner Name (First, Middle Initial, Last)			
Home Address			
City , State, and Zip Code			
Home Phone Number		Alternate Phone Number	
Date of birth		Social Security Number	
Drivers License Number			
Height	Hair Color	Eye Color	Weight

All applications must be hand delivered by the applicant to the Environmental Health Division located at City Hall, 505 Butler Place on the second floor. Applicants must call 847-318-5281 to schedule a submittal appointment and an appointment for fingerprinting.

Attached your color passport photo in the box below.



Park Ridge Massage Therapy License Number \_\_\_\_\_ or State of Illinois Professional License Number (professional license that permits some form of massage therapy) of the applicant \_\_\_\_\_.

Has the applicant ever been arrested for any sex offense or forcible felony as defined in Chapter 720 of the Illinois Compiled Statutes? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, in what community and state did the arrest occur, what was the date of the arrest, what was the outcome of the court hearing (for example: Were you convicted of, pleaded nolo contendere to, received supervision or suffered forfeiture on a bond charge, or was the case dismissed?)

a.) \_\_\_\_\_

b.) \_\_\_\_\_

c.) \_\_\_\_\_

Has the applicant ever held a massage therapy establishment license or a massage therapy license in any other Village, City or State? YES \_\_\_\_\_ NO \_\_\_\_\_

If Yes, Provide the NAME of the Village, City or State \_\_\_\_\_  
\_\_\_\_\_

Has the applicant ever had a massage therapy establishment license or massage therapy license revoked or suspended? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, what was the date, and what was the basis for the revocation. \_\_\_\_\_  
\_\_\_\_\_

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

**If the applicant is a partnership, association, corporation, or organization of any kind, each of the partners, officers, directors and shareholders of any corporation not registered under the Securities and Exchange Act of 1934 shall provide all the owner information listed above on a separate sheet of paper  
Provide the name and the license number for each massage therapist who carries on, engages in or practices massage therapy at this establishment.**

Last First Middle Initial  
Name \_\_\_\_\_

Park Ridge Massage Therapist License Number \_\_\_\_\_

Last First Middle Initial  
Name \_\_\_\_\_

Park Ridge Massage Therapist License Number \_\_\_\_\_

Last First Middle Initial  
Name \_\_\_\_\_

Park Ridge Massage Therapist License Number \_\_\_\_\_

Last First Middle Initial  
Name \_\_\_\_\_

Park Ridge Massage Therapist License Number \_\_\_\_\_

Last First Middle Initial  
Name \_\_\_\_\_

Park Ridge Massage Therapist License Number \_\_\_\_\_

Last First Middle Initial  
Name \_\_\_\_\_

Park Ridge Massage Therapist License Number \_\_\_\_\_

The license for a massage therapy establishment will be revoked if it is determined that the information on this application is not accurate. Massage therapy establishment owners are responsible for keeping the information on their License Application current. The Environmental Health Office must be notified whenever any of the information on this application changes.

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I hereby certify that the information provided in this application and all attached documents is true, complete, and accurate.

\_\_\_\_\_  
Applicant signature

**SUBSCRIBED AND SWORN TO**

Before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public My commission expires:\_\_\_\_\_

**NOTARY SEAL**

**REQUIRED DOCUMENT ATTACHMENTS**

1. A scaled floor plan of the massage therapy establishment that shows all equipment, furniture and fixtures;
2. A room finish schedule;
3. A \$75.00 Initial application fee;
4. Copy of the lease, deed or other legal instrument that names and grants the business owner/operator (s) possession or use of the building, establishment or portion thereof for a massage therapy establishment;
5. Written Evidence of Age and Proof of Identity( i.e. **copy of a drivers license**);
6. A copy of the State Professional License that permits massage therapy (i.e. naprapathy, cosmetology, etc.);
7. Photograph to be attached in the area provided on page 2 of this application;
8. Application is notarized and;
9. One of the following documents must be also be provided to establish employment eligibility in the United States:

U.S. Social Security Card or certification of birth abroad issued by the Dept. of State (Form FS-545 or DS-1350) **or** original or certified copy of a birth certificate issued by a state, county, municipal authority, or outlying possession of the United States bearing an official seal or **Native** American tribal document or U.S. Citizen ID Card (INS FORM I- 197) or ID Card for use of resident citizen in the United States (INS Form I-179) or Unexpired employment authorization document issued by the INS

**THIS PAGE FOR OFFICE USE ONLY**

APPLICATION RECEIVED ON (Date) \_\_\_\_\_

APPLICATION FEE OF \$75.00 RECEIVED \_\_\_\_\_  
Paid by cash, check, credit card (circle one)

**Police Department**

Background Investigating Officer \_\_\_\_\_

The applicant's statements regarding any forcible felony or sex offenses have been confirmed through background investigation:

YES \_\_\_\_\_ NO \_\_\_\_\_

LICENSE: APPROVED \_\_\_\_\_ NOT APPROVED \_\_\_\_\_

BY \_\_\_\_\_  
Environmental Health Officer

Reasons for denial:

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