



Message Establishment License Application

Applicant/Manager Information:

Name of Establishment: _____

Establishment Website: _____

Applicant's Name: _____

Applicant's Title: _____

Applicant's Address: _____

City/State/Zip: _____

Applicant Phone #: _____ Business Phone #: _____

Email: _____

Message Establishment Location (if different than address above):

Establishment's Address: _____

City/State/Zip: _____

Date of Incorporation: _____

Premises: Owned Leased (If leased, a copy of the lease must be included with this form.)

Type of Business:

If corporation, individual ownership or partnership, personal information must be provided on page 4 of form.

Corporation Individual Ownership (Include employment information for past 3 years. See page 6 of form.)

Partnership Limited Liability Company (LLC)

Owner Information:

Complete the following information for each owner. If the business is a partnership, indicate the information for each partner. If the business is a corporation, indicate the information for each director, manager, assistant manager or shareholder owning directly or indirectly 10% or more of the shares. If premises is held in trust, include the names and addresses of all owners of the beneficial interest of the trust. Attach additional sheets if necessary.

1. Owner Director Manager Assistant Manager

Name: _____ % Interest in Firm: _____

Address: _____

City/State/Zip: _____

Phone #: _____ Fax #: _____

2. Owner Director Manager Assistant Manager
Name: _____ % Interest in Firm: _____
Address: _____
City/State/Zip: _____
Phone #: _____ Fax #: _____

3. Owner Director Manager Assistant Manager
Name: _____ % Interest in Firm: _____
Address: _____
City/State/Zip: _____
Phone #: _____ Fax #: _____

4. Owner Director Manager Assistant Manager
Name: _____ % Interest in Firm: _____
Address: _____
City/State/Zip: _____
Phone #: _____ Fax #: _____

5. Owner Director Manager Assistant Manager
Name: _____ % Interest in Firm: _____
Address: _____
City/State/Zip: _____
Phone #: _____ Fax #: _____

Background Information:

Have you ever been convicted of any felony under the laws of any state or under the laws of the United States?

Yes No

If yes, please list each offense, date and nature of the incident. Additional sheets may be used if necessary.

Have you ever applied for a massage establishment license in the Village of Deerfield or any other unit of government? If so, where and when?

Was your license granted or denied?

Granted By whom and when? _____

Denied By whom and when? _____

Has your license ever been suspended or revoked in the Village of Deerfield or any other unit of government?

No

Suspended By whom and when? _____

Revoked By whom and when? _____

Have you ever been convicted of a violation of massage establishment regulations in the Village of Deerfield or any other unit of government?

No

Yes By whom and when? _____

Employee Information:

List below names, current addresses and dates of birth of all employees. Attach additional sheets if necessary. Note that all employees must be 18 years of age or older.

Name	Current Address	Date of Birth

Personal Information to be Completed for Corporations, Individual Ownership & Partnerships:

In case of corporation, the following information must be provided for all officers, directors, persons owning directly or beneficially more than 10% of the stock and persons acting as managers or assistant managers or other persons principally in charge of the operation of the business. Attach additional sheets if necessary.

In case of individual ownership, the following information must be provided for said individual.

In case of partnership, the following information must be provided for all partners and any other persons entitled to share in the profits thereof. Attach additional sheets if necessary.

Full Name: _____
Home Address: _____ Zip Code: _____
Social Security Number: _____ Date of Birth: _____
Sex: _____ Height: _____ Weight: _____
Hair Color: _____ Eye Color: _____

Full Name: _____
Home Address: _____ Zip Code: _____
Social Security Number: _____ Date of Birth: _____
Sex: _____ Height: _____ Weight: _____
Hair Color: _____ Eye Color: _____

Full Name: _____
Home Address: _____ Zip Code: _____
Social Security Number: _____ Date of Birth: _____
Sex: _____ Height: _____ Weight: _____
Hair Color: _____ Eye Color: _____

Full Name: _____
Home Address: _____ Zip Code: _____
Social Security Number: _____ Date of Birth: _____
Sex: _____ Height: _____ Weight: _____
Hair Color: _____ Eye Color: _____

Full Name: _____
Home Address: _____ Zip Code: _____
Social Security Number: _____ Date of Birth: _____
Sex: _____ Height: _____ Weight: _____
Hair Color: _____ Eye Color: _____

The following information must be attached to the application:

1. Payment of the \$100 non-refundable application fee by cash or check.
2. Payment of the \$35 annual business license fee (due following application approval).
3. Fingerprints - Contact the Deerfield Police Department at 847.945.8636 for more information.
4. If a leased premises, a copy of the lease shall be provided.

Please know the Village Manager has the authority to request information and assistance from any governmental agency as part of the authorized investigation of the Applicant or any employee.

Payment:

Applicants must pay a \$100 non-refunable application fee. A business license fee of \$35 must be paid annually. The license expires on December 31 of each calendar year. The fee may be paid by cash or check.

Type of Payment: Cash Check

Payment Total: _____ Check #: _____

Signature under Oath:

I swear or affirm that all the information in this application is true and correct.

This serves as written Authorization for the Village of Deerfield, 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 a license.

I understand that this license may be revoked for non-compliance with any of the above.

I further swear and affirm that I am authorized to act in behalf of the above named Firm/Corporation/ Organization.

Signature of Applicant: _____

Title of Applicant: _____

Date: _____

Individual Ownership Only:

List below your employment information for the last three years. Attach additional sheets if necessary.

Employer: _____
Address: _____
Phone #: _____ Fax #: _____
Name, Title & Phone # of Supervisor: _____
Date of Employment: _____

Employer: _____
Address: _____
Phone #: _____ Fax #: _____
Name, Title & Phone # of Supervisor: _____
Date of Employment: _____

Employer: _____
Address: _____
Phone #: _____ Fax #: _____
Name, Title & Phone # of Supervisor: _____
Date of Employment: _____

Employer: _____
Address: _____
Phone #: _____ Fax #: _____
Name, Title & Phone # of Supervisor: _____
Date of Employment: _____

Employer: _____
Address: _____
Phone #: _____ Fax #: _____
Name, Title & Phone # of Supervisor: _____
Date of Employment: _____