



100 Parkers Mill • Oswego, IL. 60543 • (630) 554-3259 • Fax: (630) 554-3306
Website: www.oswego.il.org

APPLICATION FOR BODYWORK ESTABLISHMENT LICENSE

Please return completed Application and Fee to Village Clerk

Application must be completed in full and notarized before it will be accepted.

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

Non-Refundable Application Fee: \$100.00 (Bodyworks Primary Service)
\$50.00 (Bodyworks Not Primary Service)
\$10.00 (Massage Therapist- Sole Proprietor)

License Period: January 1st through December 31st

New Registration Renewal Application Change

1. Applicant Name: _____ Date: _____

2. Business Name: _____

DBA Name: _____

Business Address: _____

Mailing Address (if different): _____

Phone Number: _____ Email Address: _____

Website Address: _____

Location for which the license is requested: _____

Zoning Classification: _____ IBT#: _____ FEIN#: _____

Bodywork Classification Sought: _____

Character of Business (Principle Business Activity): _____

Length of time the Applicant has been in a business of this character: _____

Does the applicant own the premises? Yes No

If no, the applicant must provide a copy of a valid lease for the entire term of the license.

3. Name of Building Owner: _____
Address of Building Owner: _____
Mailing Address of Building Owner (if different): _____
Phone Number: _____ Email Address: _____

APPLICANT Information

4. Applicant Name: _____
Alias Name(s): _____
Home Address: _____
Mailing Address (if different): _____

Two (2) Previous Residential Addresses:

Telephone number: _____ Alternate Number: _____

Driver's License Number: _____

D.O.B.: _____ Social Security#: _____ M/F: _____

Place of birth: _____

Telephone number: _____ Alternate Number: _____

Email Address: _____

List of other businesses owned or operated by applicant:

Has the Applicant ever been convicted of a criminal act or ordinance violation (other than minor traffic offenses)?

Yes No If yes, explain in detail: _____

List, as indicated, previous three years' employment history:

Employer: _____

Address: _____

Phone Number: _____ Occupation: _____

Dates of Employment: From: _____ To: _____

Employer: _____

Address: _____

Phone Number: _____ Occupation: _____

Dates of Employment: From: _____ To: _____

Employer: _____

Address: _____

Phone Number: _____ Occupation: _____

Dates of Employment: From: _____ To: _____

BUSINESS OWNERSHIP Information

Please provide the following information regarding how the business was created and is owned:

- Corporation Partnership Limited Liability Corporation (LLC)
 Sole Proprietorship Individual Other _____

5. Business Owner Name: _____

Business Owner Address: _____

Mailing address (if different): _____

Two (2) Previous Residential Addresses:

Contact person: _____ Telephone number: _____

Email Address: _____

Has the Business Owner ever been convicted of a criminal act or ordinance violation (other than minor traffic offenses)?

Yes No If yes, explain in detail: _____

List, as indicated, previous three years' employment history:

Employer: _____

Address: _____

Phone Number: _____ Occupation: _____

Dates of Employment: From: _____ To: _____

Employer: _____

Address: _____

Phone Number: _____ Occupation: _____

Dates of Employment: From: _____ To: _____

Employer: _____

Address: _____

Phone Number: _____ Occupation: _____

Dates of Employment: From: _____ To: _____

6. List each officer, director or shareholder owning 5% or more stock or controlling interest of the corporation/partnership; LLC; etc.

Name: _____ Driver's License Number: _____

Address: _____

Two (2) Previous Residential Addresses:

Phone Number: _____ Email Address: _____

D.O.B.: _____ Social Security#: _____ M/F: _____

List, as indicated, previous three years' employment history:

Employer: _____

Address: _____

Phone Number: _____ Occupation: _____

Dates of Employment: From: _____ To: _____

Employer: _____

Address: _____

Phone Number: _____ Occupation: _____

Dates of Employment: From: _____ To: _____

Employer: _____

Address: _____

Phone Number: _____ Occupation: _____

Dates of Employment: From: _____ To: _____

Name: _____ Driver's License Number: _____

Address: _____

Phone Number: _____ Email Address: _____

D.O.B.: _____ Social Security#: _____ M/F: _____

List, as indicated, previous three years' employment history:

Employer: _____

Address: _____

Phone Number: _____ Occupation: _____

Dates of Employment: From: _____ To: _____

Employer: _____

Address: _____

Phone Number: _____ Occupation: _____

Dates of Employment: From: _____ To: _____

Employer: _____

Address: _____

Phone Number: _____ Occupation: _____

Dates of Employment: From: _____ To: _____

Note: Please list additional officers, directors, or shareholders on a separate sheet of paper and attach to this application.

Has any of the Officer(s), Director(s), or Shareholder(s) owning 5% or more of the stock of the corporation ever been convicted of a criminal act or ordinance violation (other than minor traffic offenses)?

Yes No If yes, explain in detail: _____

Will the business be supervised and conducted by a manager? Yes No

Name of Manager: _____

Home Address: _____

Phone Number: _____ Email Address: _____

D.O.B.: ____ Social Security#: _____ M/F: ____

Driver's License#: _____

Two Previous Residential Addresses:

List other businesses owned or operated by Manager:

Has the Manager ever been convicted of a criminal or ordinance violation (other than minor traffic offenses)?

Yes No If yes, explain in detail: _____

7. Have the Applicant, Business Owner, Partner(s), or Manager ever had a business application or license denied, suspended or revoked?

Yes No If yes, explain in detail: _____

LICENSE AND PERMIT HISTORY Information

8. List all prior Massage Licenses/Permits and current status (use additional sheet if necessary):

Issuing authority: _____ License# _____ Status: _____

Issuing authority: _____ License# _____ Status: _____

If any prior licenses/permits have been revoked/suspended, state the reason and disposition:

Reason: _____ Disposition _____

Reason: _____ Disposition _____

BUSINESS PLAN Information

9. Describe the building and specific location within the building where the Massage business will be conducted:

Approximate floor area devoted to the principal business: _____

Approximate floor area devoted to Massage stations: _____

Approximate total floor area of premises: _____

What percentage of your business activity will involve bodywork: _____

Description of services provided at this location and whether any bodywork services are primary or ancillary:

MASSAGE/BODYWORK THERAPIST, EMPLOYEE, AGENT OR INDEPENDENT CONTRACTORS Information

10. List, as indicated, all massage/bodywork therapist, employee, agent or independent contractor. This list must be updated with the Office of the Bodyworks Commissioner within 10 days of any employment change.

Name: _____

Home Address: _____

Phone Number: _____ Email Address: _____

Driver's License#: _____

Position employed and description of the type of bodywork that will be practiced:

State License#: _____ **If exempted under statute, provide exemption reason and proof (Certificate, License, etc.)

Name: _____

Home Address: _____

Phone Number: _____ Email Address: _____

Driver's License#: _____

Position employed and description of the type of bodywork that will be practiced:

State License#: _____ **If exempted under statute, provide exemption reason and proof (Certificate, License, etc.)

Name: _____

Home Address: _____

Phone Number: _____ Email Address: _____

Driver's License#: _____

Position employed and description of the type of bodywork that will be practiced:

State License#: _____ **If exempted under statute, provide exemption reason and proof (Certificate, License, etc.)

Note: Please list additional therapists, employees, agents or independent contractors on a separate sheet of paper and attach to this application.

11. Will you familiarize yourself with all the laws of the United States, State of Illinois, Kendall County and ordinances of the Village of Oswego pertaining to the Human Trafficking Resource Center Notice Act? Yes: No:

Note: Every bodywork establishment shall post a Human Trafficking notice in accordance with 775 ILCS 50/5 (PA 100-0671). Notices must be visible by the public and employees.

12. All applicants, including individuals, partners, shareholders, member so for LLCs and managers shall submit fingerprints as a part of the application and shall a pay fifty-dollar (\$50) fingerprint fee and one-hundred (\$100) background check fee for the processing of said fingerprints and background checks. *(Not applicable to those who can provide a copy of a valid massage license issued by the State of Illinois)*

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13. Please submit the following with application:

- a) Copy of the File Detail Report from the Illinois Secretary of State.
- b) Copy of the Articles of Organization filed with the Secretary of State; Sole Proprietorship/Individual- N/A
- c) Copy of the Certificate of Ownership issued by the Kendall County Clerk's Office. (only applicable to Sole Proprietors)
- d) Copy of the Certificate of Registration issued by the Illinois Department of Revenue for the business
- e) Copy of the Registration Issued by the Department of Financial and Professional Regulation for the business
- f) Copy of the Certificate of Good Standing Issued by the Illinois Secretary of State
- g) Copy of lease, amendments, addenda, assignments and sub-leases
- h) Copy Certificate of Liability Insurance showing proof of general liability and professional liability insurance with limits of no less than \$1,000,000.00 per occurrence and \$2,000,000.00 in aggregate coverage
- i) Floor plan/layout/diagram; include designation of each room by its purpose and activity that will take place in each room
- j) Copy of therapist's State Licenses or Certificates
- k) Copy of driver's license or government issued identification card for all employees including business owners/applicants
- l) Non-refundable application fee of \$ 100.00 for Bodyworks Primary Service; or \$50.00 for Bodyworks Not Primary Service; or \$10.00 for Massage Therapist-Sole Proprietor
- m) Non-refundable fingerprint fee of \$ 50.00 per person *(Not applicable to those who can provide a copy of a valid massage license issued by the State of Illinois)*
- n) Non-refundable background check fee of \$ 100.00 per person *(Not applicable to those who can provide a copy of a valid massage license issued by the State of Illinois)*

PENALTY: Any person found liable/guilty by a preponderance of the evidence of a violation of Title 3 Chapter 38 of Village Code shall be subject to penalties as defined within Title 3 Chapter 38 of Village Code, and as provided in subsection 1-4-3G of this code.

I understand any misrepresentations submitted may be cause for denial and revocation of the license. The undersigned does hereby state under penalties of perjury that all statements in the foregoing application are true and correct; that the person or persons applying for such license are all of good moral character and have not been convicted of a felony; that if a license is granted hereunder, the undersigned will review the Village of Oswego Code of Ordinances, the State of Illinois Compiled Statutes and the Laws of the United State of America and is not disqualified by reason of any matter or thing contained in this document.

Applicant acknowledges the obligation of those person(s) identified above on this application to submit to fingerprinting and background investigation upon the request by the Village.

Signature of Applicant _____

Signature of Applicant _____

Signature of Manager _____

Signature of Business Owner _____

Signature of Landlord/Property Owner _____

Date: _____

***** OFFICE USE ONLY *****

Approved Not Approved License No.: _____ Date of Issuance: _____

Background Check Non-Refundable Application Fees: \$_____ Non-Refundable Fingerprint Fee: (____x \$50= \$_____)

Non-Refundable Background Check Fee: (____x \$100= \$_____) Total Due with Application: \$_____

Date Received: _____

CONSENT TO CONDUCT BACKGROUND CHECK

TO WHOM IT MAY CONCERN

I authorize and empower the Village of Oswego Police Department to obtain, prepare, use and furnish information concerning my general reputation, personal characteristics and mode of living through correspondence or personal interviews with neighbors, friends of associates or others with whom I am acquainted or who may have knowledge concerning any of the above items.

Upon written request I understand that said Police Department will provide me with information regarding the scope of the investigation if one was/is made.

Signature: _____

Printed Name: _____

Address: _____

Date: _____

