



Massage Establishment Business Registration Application

Village of Oak Park
Development Customer Service Department
123 Madison St.
Oak Park, IL 60302

708.358.5427
708.358.5641
business@oak-park.us
www.oak-park.us

I. BUSINESS INFORMATION

Business Legal Name _____ Doing Business As _____

Business Address _____ City _____ State _____ ZIP _____

Mailing Address (if different than business address) _____ City _____ State _____ ZIP _____

Headquarters Address (if applicable) _____ City _____ State _____ ZIP _____

Business Phone _____ Emergency Phone _____ Fax (if applicable) _____

Email Address _____

Illinois Tax Number _____

Describe the nature of your business _____

Form of Business Corporation Partnership Limited Liability Corporation Sole Proprietor
 For Profit Not-for-Profit (Attach copy of Certificate of Good Standing with State of Illinois)

Projected Opening Date _____ MM/DD/YYYY _____ Number of Employees _____ Number of Rooms _____ Square Feet _____ Parking Spaces _____

- Yes No Is the owner of the business also the owner of the building?
 Yes No Will hazardous/flammable/combustible materials be stored on site? If yes, Fire Department permit required.
 Yes No Will a vending or video machine be on site? If yes, describe:
 Yes No Would you like to be contacted for a free security survey from the Police Department?

II. OWNER/OPERATOR INFORMATION

Owner's Name (First/Middle/Last) _____ Phone _____ Email _____

Home Address _____ City _____ State _____ ZIP _____

Birthdate (MM/DD/YYYY) _____ Driver's License Number _____ State _____

Co-Owner's Name (First/Middle/Last)		Phone	Email
Home Address		City	State ZIP
Birthdate (MM/DD/YYYY)	Social Security Number	Driver's License Number	State
Additional Contact Person (First/Middle/Last)		Phone	Email
Home Address		City	State ZIP
Birthdate (MM/DD/YYYY)		Driver's License Number	State

Have you or anyone involved in this business ever been convicted of any misdemeanor or felony criminal offense?

Yes No

If yes, please describe: _____

III. BACKGROUND CHECK

\$35 non-refundable fee is required to perform the background check

Social Security Number	Gender	Race	Height
Weight	Hair Color	Eye Color	

I, the undersigned, understand that I may not open or operate this business until approval has been given by the Village of Oak Park and a business license issued.

Owner Name	Signature
Co-Owner Name	Signature

IV. IMPORTANT INFORMATION

- All applicable information on this application must be provided.
- Any falsehood or omission, whether intentional or unintentional, may be cause to refuse or suspend any business license(s).
- A \$50 non-refundable application fee is required at the time of submission.
- Applications may remain open for only one year.
- Type or print this application clearly. Unreadable applications will be returned and may delay processing.

LICENSE CHECKLIST

All items must be checked before issuance of business license

- Operating requirements checklist signed by applicant
- Validation of all licensed masseurs with State of Illinois
- Anti-trafficking notice provided
- \$35 fee for background check

SUBMITTAL CHECKLIST

- Owner state licence received
- Employee state license received
- Menu of services received