

VILLAGE OF BARRINGTON
APPLICATION FOR A LICENSE TO OPERATE
A MASSAGE ESTABLISHMENT

For Office Use Only:			
License No.			
Business Name			
Type	Amount	Date/Check No.	Code
Initial Application Fee			P95
Renewal Fee			
Inspections:	Approved or Disapproved Date		Reinspection Approved Date
Police			
B&P/Fire			

License Fees; Term of License

- The license fee for a new Massage Establishment License (whether a new license or a new location) from the Village is an initial, non-refundable fee of \$75.00 per license
- The license fee for the renewal of an existing Massage Establishment License at the same location is a non-refundable fee of \$75.00 per license
- The term of a Massage Establishment License commences on January 1 and expires on December 31 of the same year
- A separate license shall be required for each massage establishment location regardless of whether such multiple establishments are operated by the same person

Investigations, Inspections, Fingerprints, Photographs, and Other Documentation Required

- After an application for a Massage Establishment License has been completed by the applicant and received by the Village Clerk, prior to the issuance of such license, it is required that certain documentation, fingerprints and photographs be provided to the Village and that investigations and/or inspections be performed by the Police Department, the Fire Department, the Building and Zoning Officer, and/or the applicable health department, and the Village Clerk shall forward the completed application to such officials for this purpose.

TO THE VILLAGE CLERK OF THE VILLAGE OF BARRINGTON, ILLINOIS:

The undersigned hereby makes application and submits the required license fees in the total amount of \$_____ for a Massage Establishment License under the provisions of the Village of Barrington Village Code for the term ending December 31, 20____, and hereby certifies to the following facts:

I. THE APPLICANT SEEKS A MASSAGE ESTABLISHMENT LICENSE(S) FOR THE FOLLOWING BUSINESS AND PREMISES:

- A. _____
Exact name business is conducted under _____ Principal kind of business _____

Street Address (including floor, room, etc.) _____

List of all of the business' telephone and fax numbers _____
- B. Is the applicant a (check one): Sole Proprietorship Partnership Corporation
- C. Is any other activity or business to be conducted at the same location and the physical facilities to be used as the massage establishment? Yes No
If yes, list such activities: _____
- D. Does the applicant own or lease the premises for which this license is sought:
 Own (provide proof of ownership) Lease (provide a copy of the lease)
If leased, please provide:

Name of Lessor [or Owner] _____

Address _____ City _____ State _____ Zip Code _____
If the owner of the premises is a trust, provide the names and addresses of all the owners of the beneficial interest of the trust: _____

- E. Does the lease on the premises cover the full period for which the license is sought?
 Yes No Period covered by lease: _____
- F. Does the lease provide that the lessor will receive a percentage of profits or sales?
 Yes No If yes, please give all details: _____

- G. Number of massage therapists, managers, asst. managers, employees or agents: _____
- H. Illinois Municipal Retailers' Use & Service Occupation Tax Number registered to an address in the Village of Barrington (for each business, if more than one) _____

- I. Has the applicant ever applied for massage business license or a similar license for premises other than described in this application? Yes No
If yes, state date, location of premises and disposition of application: _____

Was this license ever suspended or revoked? Yes No

If yes, state the date and reason for such suspension or revocation:

J. If applicant is an individual, state the business, occupation, and employment of the applicant for three (3) years preceding the date of this application:

II. If the applicant is a sole proprietorship, partnership, or corporation, the following information is also required for each and every owner, partner, officer, director, and shareholder:

A. If the applicant is a sole proprietorship (please complete the following):

1. Applicant's full name: _____
4. Residence address: _____
City: _____ State: _____ Zip Code: _____
3. Home telephone: _____ Business telephone: _____
2. Date of birth: _____
5. Social security number: _____
6. Driver's license number (and State of issue): _____
7. Federal Employer Identification Number of sole proprietorship: _____

For the applicant, attach to this application: (1) Fingerprints of applicant, (2) Copy of driver's license, (3) Copy of Social Security card, (4) Two copies of a current portrait photograph of applicant at least 2"x2" including the head and shoulder area with face forward pose (NOTE: A new and current portrait shall be required with each renewal application.), and (5) Such other information, documentation, and/or identification as deemed necessary and appropriate by the Village in order to process the application.

B. If the applicant is a partnership (please complete the following):

1. Legal name of partnership: _____
2. Date of formation of partnership: _____
3. If not an Illinois corporation, the qualifying date with the Illinois Business Corporation Act: _____
4. Federal Employer Identification Number of partnership: _____
5. Character of Business: _____

Provide the following information for each and every general partner, limited partner, and/or managing partner or any other person entitled to or receiving a share of the profits of the business:

1. Partner's full, legal name: _____
2. Residence address(es): _____
City: _____ State: _____ Zip Code: _____
- 3 Home telephone: _____ Business Telephone: _____
4. Date of birth: _____
5. Social security number: _____
6. Driver's license number (and State of issue): _____
7. Physical Description: Male Female Height: _____
Weight: _____ Hair Color: _____ Color of Eyes: _____

1. Partner's full, legal name: _____
2. Residence address(es): _____
City: _____ State: _____ Zip Code: _____
- 3 Home telephone: _____ Business Telephone: _____
4. Date of birth: _____
5. Social security number: _____
6. Driver's license number (and State of issue): _____
7. Physical Description: Male Female Height: _____
Weight: _____ Hair Color: _____ Color of Eyes: _____

1. Partner's full, legal name: _____
2. Residence address(es): _____
City: _____ State: _____ Zip Code: _____
- 3 Home telephone: _____ Business Telephone: _____
4. Date of birth: _____
5. Social security number: _____
6. Driver's license number (and State of issue): _____
7. Physical Description: Male Female Height: _____
Weight: _____ Hair Color: _____ Color of Eyes: _____

For each and every general, limited, and/or managing partner, or any other person entitled to or receiving a share of the profits of the business, attach to this application:

- (1) Fingerprints, (2) Copy of driver's license, (3) Copy of Social Security card, (4) Two copies of a current portrait photograph of applicant at least 2"x2" including the head and shoulder area with face forward pose (NOTE: A new and current portrait shall be required with each renewal application.), and (5) Such other information, documentation, and/or identification as deemed necessary and appropriate by the Village in order to process the application.

C. If the applicant is a corporation (please complete the following):

1. Legal Name of Corporation: _____
2. Date of Incorporation (Attach copy of Articles of Incorporation): _____
3. If not an Illinois corporation, the qualifying date with the Illinois Business Corporation Act: _____
4. State object for which corporation was organized: _____
5. Federal Employer Identification Number: _____

Provide the following information for each and every officer, director, shareholder, managing agent and all persons owning stock in the corporation:

1. Full legal name: _____
2. Residence address: _____
City: _____ State: _____ Zip Code: _____
3. Home telephone: _____ Business telephone: _____
4. Date of birth: _____
5. Social security number: _____
6. Driver's license number (and state of issue): _____
7. Physical Description: Male Female Height: _____
Weight: _____ Hair Color: _____ Color of Eyes: _____

1. Full legal name: _____
2. Residence address: _____
City: _____ State: _____ Zip Code: _____
3. Home telephone: _____ Business telephone: _____
4. Date of birth: _____
5. Social security number: _____
6. Driver's license number (and state of issue): _____
7. Physical Description: Male Female Height: _____
Weight: _____ Hair Color: _____ Color of Eyes: _____

1. Full legal name: _____
2. Residence address: _____
City: _____ State: _____ Zip Code: _____
3. Home telephone: _____ Business telephone: _____
4. Date of birth: _____
5. Social security number: _____
6. Driver's license number (and state of issue): _____
7. Physical Description: Male Female Height: _____
Weight: _____ Hair Color: _____ Color of Eyes: _____

For each and every officer, director, shareholder, managing agent, and for all persons owning stock in the corporation, attach to this application: (1) Fingerprints, (2) Copy of driver's license, (3) Copy of Social Security card, (4) Two copies of a current portrait photograph of applicant at least 2"x2" including the head and shoulder area with face forward pose (NOTE: A new and current portrait shall be required with each renewal application.), and (5) Such other information, documentation, and/or identification as deemed necessary and appropriate by the Village in order to process the application.

D. Manager, Assistant Manager, or Registered Agent for Business, if applicable:

Will the business be conducted by a local manager or a registered agent? Yes No

For each and every manager, assistant manager, or registered agent, attach to this application: (1) Fingerprints, (2) Copy of driver's license, (3) Copy of Social Security card, (4) Two copies of a current portrait photograph of applicant at least 2"x2" including the head and shoulder area with face forward pose (NOTE: A new and current portrait shall be required with each renewal application.), and (5) Such other information, documentation, and/or identification as deemed necessary and appropriate by the Village in order to process the application.

MANAGER:

1. Full, legal name: _____
2. Date of birth: _____
3. Physical Description: Male Female Height: _____
Weight: _____ Hair Color: _____ Color of Eyes: _____
4. Home telephone: _____ Business Telephone: _____
5. Residence address(e): _____
6. Social security number: _____
7. Driver's license number (and State of issue): _____

ASSISTANT MANAGER:

1. Full, legal name: _____
2. Date of birth: _____
3. Physical Description: Male Female Height: _____
Weight: _____ Hair Color: _____ Color of Eyes: _____
4. Home telephone: _____ Business Telephone: _____
5. Residence address(es): _____
6. Social security number: _____
7. Driver's license number (and State of issue): _____

REGISTERED AGENT:

1. Full, legal name: _____
2. Date of birth: _____
3. Physical Description: Male Female Height: _____
Weight: _____ Hair Color: _____ Color of Eyes: _____
4. Home telephone: _____ Business Telephone: _____
5. Residence address(es): _____
6. Social security number: _____
7. Driver's license number (and State of issue): _____

III. For each and every licensed massage therapist performing services on the premises, provide the following information:

1. Full Legal Name: _____
2. Illinois Massage Therapist License Number: _____
3. Date of birth: _____
4. Physical Description: Male Female Height: _____
Weight: _____ Hair Color: _____ Color of Eyes: _____
5. Home telephone: _____ Cellular Telephone: _____
6. Residence address: _____
7. Social security number: _____
8. Driver's license number (and State of issue): _____

1. Full Legal Name: _____
2. Illinois Massage Therapist License Number: _____
3. Date of birth: _____
4. Physical Description: Male Female Height: _____
Weight: _____ Hair Color: _____ Color of Eyes: _____
5. Home telephone: _____ Cellular Telephone: _____
6. Residence address: _____
7. Social security number: _____
8. Driver's license number (and State of issue): _____

1. Full Legal Name: _____
2. Illinois Massage Therapist License Number: _____
3. Date of birth: _____
4. Physical Description: Male Female Height: _____
Weight: _____ Hair Color: _____ Color of Eyes: _____
5. Home telephone: _____ Cellular Telephone: _____
6. Residence address: _____
7. Social security number: _____
8. Driver's license number (and State of issue): _____

1. Full Legal Name: _____
2. Illinois Massage Therapist License Number: _____
3. Date of birth: _____
4. Physical Description: Male Female Height: _____
Weight: _____ Hair Color: _____ Color of Eyes: _____
5. Home telephone: _____ Cellular Telephone: _____
6. Residence address: _____
7. Social security number: _____
8. Driver's license number (and State of issue): _____

For each licensed massage therapist, attach to this application: (1) Copy of his or her driver's license, (2) Copy of his or her Social Security card, (3) Copy of his or her Illinois Massage Therapist License, and (4) Such other information, documentation, and/or identification as deemed necessary and appropriate by the Village in order to process the application.

IV. For all other employees of the massage establishment, provide the following information:

1. Full Legal Name: _____

2. Residence address: _____

3 Home telephone: _____ Cellular Telephone: _____

1. Full Legal Name: _____

2. Residence address: _____

3 Home telephone: _____ Cellular Telephone: _____

1. Full Legal Name: _____

2. Residence address: _____

3 Home telephone: _____ Cellular Telephone: _____

V. Has the applicant applied for a similar or other license for some other location? Yes No
If yes, please state the disposition of each other application. _____

VI. Have you familiarized yourself with all provisions of the Village of Barrington Village Code and related ordinances pertaining to massage establishments and the providing of massages, and do you agree to abide by them? Yes No

VII. Have you, or in the case of a corporation, the local manager, or in the case of a partnership, any partners, ever been convicted of any violation of any local law or statute, other than a minor traffic violation? Yes No If yes, please give all details: _____

VIII. Have you, or in the case of a corporation, the local manager, or in the case of a partnership, any of the partners, ever had any state or municipal license revoked or suspended? Yes No
If yes, please state the reasons for such revocation or suspension and the place and dates involved.

IX. Has the applicant, or in the case of a corporation, any of its officers, directors, shareholders, managing agents, or the local manager, or in the case of a partnership, any partners, ever pled guilty or been found guilty of a violation(s) of any of the provisions of the Village of Barrington Village Code or of any ordinance of any municipality or unit of government or any statute which regulates massage establishments or the providing of massages? Yes No

If yes, provide a complete statement of all instances in which the party has pled guilty or been found guilty under the laws of any state or under the laws of the United States, including but not limited to:

(1) Any offense involving sexual misconduct with children or other sex offenses as defined in 720 Illinois Compiled Statutes 5/1-1 et seq., (2) Any felony based upon conduct or involvement in such related business activity or similar business activity, (3) Any felony unrelated to conduct or involvement in such related business activity or similar business activity, but which felony involved the use of a deadly weapon, traffic in narcotic drugs or controlled substances, or violence against another person, including rape or other sexual misconduct, and (4) Any misdemeanor or licensing ordinance violation, based upon conduct or involvement in such related business activity or similar business activity:

X. Have you ever been convicted of a felony, or is the applicant otherwise disqualified to receive a license by reason of the laws of the State of Illinois or the ordinances of any municipality?

If the applicant is a partnership, list such information for each partner; if the applicant is a corporation, list such information for each officer, director and shareholder of the stock of said corporation.

XI. List each arrest of the applicant for offenses other than minor traffic violations, indicating the place and date of arrest, the charge made and the final disposition of the charge. If none, please state none. If the applicant is a partnership, list such information for each partner, and if the applicant is a corporation, list such information for each officer, director and shareholder owning more than 5% of the stock of said corporation.

XII. Does the applicant agree not to violate any of the laws of the State of Illinois, of the United States, or any ordinance of the Village of Barrington in the conduct of its massage establishment?

Yes No

AGREEMENT

The applicant hereby authorizes the Village of Barrington to gather information, to conduct the necessary investigation(s) into, and to verify the accuracy of the information provided by the applicant as well as to conduct any necessary inspections of the massage establishment premises.

The applicant also understands and agrees to provide to the Village of Barrington, at the applicant's sole cost and expense, any and all required documentation and identification along with this Application, including but not limited to fingerprints and photographs of all persons who are required to provide same pursuant to the provisions of the relevant portions of Chapter 5 of Title 3 of the Village of Barrington Village Code, and the applicant hereby authorizes such fingerprinting and photographs to either be taken by the Barrington-Inverness Police Department or by such agent as directed by the Chief of Police of the Barrington-Inverness Police Department, and further understands and agrees that such fingerprints shall be submitted to and processed by the appropriate state and/or federal agencies, and that the results of such investigation shall be provided to the Village for its use in processing this Application for a Massage Establishment License.

The applicant hereby states that the applicant will not violate any of the laws of the State of Illinois or any Ordinance of the Village of Barrington in the conduct of the applicant's massage establishment conducted pursuant to any license issued hereunder and agrees to operate its massage establishment in compliance with the applicable provisions of the Village of Barrington Village Code, including but not limited to Chapter 5 of Title 3 thereof.

The applicant also understands that no license shall be issued until at least 45 days from the date of filing of this application and that a copy of this application will be forwarded to the Chief of Police and other appropriate Village officials for investigation and/or inspection of the massage establishment premises, whose reports shall be supplied to the Village Clerk.

The applicant further understands that if any information submitted in this application should change during the term of the Massage Establishment License, the applicant is required to notify the Village of Barrington Village Clerk and submit to him or her an amended application containing the new information.

Date of this application: _____, _____

Signature of Applicant if Sole Proprietorship

Signature of Partner if a Partnership

Signature and Title of President or Vice-
President if Corporation

Signature of Partner if a Partnership

Signature of Corporate Secretary

