



Office of the Mayor
100 North Island Avenue
Batavia, Illinois 60510
Phone: 630-454-2000 Fax: 630-454-2001

For Office Use Only
Received: _____
Amount Paid: _____
Receipt: _____

BODYWORK ESTABLISHMENT LICENSE APPLICATION

IMPORTANT: 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.**
Annual License Application Fees are as follows:
\$100 (Bodyworks Primary Service) • \$50 (Bodyworks Not Primary Service) • \$10 (Massage Therapist – Sole Proprietor)

NOTE: Applicant **must be fingerprinted by the Batavia Police Department** and **must provide two (2) passport-size photographs** (1" x 1.5" head and shoulders area, face forward) with this application. **A Nonrefundable Fingerprint Fee of \$50.00 per person is required and a background check of \$100.00 is required.**

1. New License Application Renewal Application Application Change
Use established prior to June 6, 2016? Y N If no, Conditional Use Granted date: _____

2. Please select the option that best describes your business:

Corporation LLC Partnership Sole Proprietorship Individual Other

3. Business Name: _____ Sales Tax #: _____

Assumed Name or Doing Business As (DBA) Name: _____

Business Address: _____ Business Phone: _____

Website Address: _____ FEIN #: _____

4. Name of Applicant: _____ Home Phone: _____

Home Address: _____ City/State/Zip: _____

Email Address: _____

Social Security #: _____ Date of Birth: _____

Driver's License #: _____ Issuing State: _____

****Must include a photocopy of government issued identification card****

Email Address: _____ Alias Names: _____

Two Previous Residential Addresses: _____

5. List of other businesses owned or operated by applicant:

6. Have you ever been convicted of a criminal act or ordinance violation (other than minor traffic offenses)?

Yes No If yes, explain in detail: _____

7. Have you ever had a business application or license denied, suspended or revoked?

Yes No If yes, explain in detail: _____

8. Do you own or lease your building/store front?

Own Lease If you lease, please provide the following information:

Name of building owner: _____ Business Phone: _____

Address of building owner: _____ City/Zip: _____

Email Address: _____

9. Will the business be supervised and conducted by a manager?

Yes No

10. Name of Manager: _____ Home Phone: _____

Home Address: _____ City/Zip: _____

Social Security #: _____ Date of Birth: _____

Driver's License #: _____ Issuing State: _____

Two Previous Residential Addresses: _____

11. List of other businesses owned or operated by manager:

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

Yes No If yes, explain in detail: _____

13. Have you ever had a business application or license denied, suspended or revoked?

Yes No If yes, explain in detail: _____

14. License and/or permit history. List all prior Massage Licenses/Permits and current status (use additional sheet if necessary):

Issuing authority: _____ License #: _____ Status: _____
Issuing authority: _____ License #: _____ Status: _____

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

Reason: _____ Disposition: _____
Reason: _____ Disposition: _____

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

****ATTACH A FLOOR LAYOUT/DIAGRAM OF THE BUSINESS****

Approximate floor area devoted to the principal business: _____
Approximate floor area devoted to Massage stations: _____
Approximate total floor area of premises: _____

17. Describe other activities or business conducted at this location:

18. What percentage of your business activity will involve bodywork? _____

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

Employer: _____ Phone: _____
Address: _____ Occupation: _____
Dates of Employment: From: _____ To: _____
Employer: _____ Phone: _____
Address: _____ Occupation: _____
Dates of Employment: From: _____ To: _____
Employer: _____ Phone: _____
Address: _____ Occupation: _____
Dates of Employment: From: _____ To: _____

20. List, as indicated, all massage or bodywork therapists. This list must be updated with the Office of the Bodyworks Commissioner within 10 days of any employment change. Attach a separate list if over five (5) therapists employed.

Name: _____ Home Phone: _____

Address: _____ City/Zip: _____

Position Employed: _____ Email: _____

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

Driver's License #: _____ Issuing State: _____

Name: _____ Home Phone: _____

Address: _____ City/Zip: _____

Position Employed: _____ Email: _____

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

Driver's License #: _____ Issuing State: _____

Name: _____ Home Phone: _____

Address: _____ City/Zip: _____

Position Employed: _____ Email: _____

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

Driver's License #: _____ Issuing State: _____

Name: _____ Home Phone: _____

Address: _____ City/Zip: _____

Position Employed: _____ Email: _____

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

Driver's License #: _____ Issuing State: _____

Name: _____ Home Phone: _____

Address: _____ City/Zip: _____

Position Employed: _____ Email: _____

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

Driver's License #: _____ Issuing State: _____

21. List, as indicated, all facility employees. This list must be updated with the Office of the Bodyworks Commissioner within 10 days of any employment change. Attach a separate list if over five (5) persons employed.

Name: _____

Home Phone: _____

Address: _____

City/Zip: _____

Position Employed: _____

Email: _____

Driver's License #: _____

Issuing State: _____

Name: _____

Home Phone: _____

Address: _____

City/Zip: _____

Position Employed: _____

Email: _____

Driver's License #: _____

Issuing State: _____

Name: _____

Home Phone: _____

Address: _____

City/Zip: _____

Position Employed: _____

Email: _____

Driver's License #: _____

Issuing State: _____

Name: _____

Home Phone: _____

Address: _____

City/Zip: _____

Position Employed: _____

Email: _____

Driver's License #: _____

Issuing State: _____

Name: _____

Home Phone: _____

Address: _____

City/Zip: _____

Position Employed: _____

Email: _____

Driver's License #: _____

Issuing State: _____

This section for Corporate or Partnership Applications only

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

<u>Name</u>	<u>Address</u>	<u>Home Phone #</u>	<u>Date of Birth</u>

2. Has any officer, manager, director or shareholder 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

3. If yes, explain in detail:

Affidavit

State of Illinois)
) SS
 County of Kane)

I/We, the undersigned, being first duly sworn, say that I/we have read the foregoing application and that the statements therein are true, complete and correct and are upon my/our personal knowledge and information that I/we will not violate any of the ordinances of the City of Batavia or the laws of the United States of America, in the conduct of the place of business described herein.

It is further represented that no officer, manager, director, or stockholder of the Corporation, owning more than 5% of the stock in such Corporation, has ever been convicted of a felony and would not be disqualified to receive a license by reason of any matter or thing contained in the Ordinances of the City of Batavia; and that no officer, manager, director or stockholder will violate any of the laws of the State of Illinois or of the United States, or any Ordinances of the City of Batavia, in the conduct of the place of business described herein.

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 City.

Dated at Batavia, Illinois this _____ day of _____, A.D. _____.

Signature of Applicant _____

Signature of Applicant _____

Signature of Manager _____

Signature of Business Owner _____

Signature of Landlord/Property Owner _____

I, _____, a Notary Public in and for said county in the state aforesaid, do hereby certify that the applicant(s), appeared before me this day in person and acknowledged that he/she/they signed the foregoing application as his/her/their free and voluntary act for the use and purposes therein set forth.

Given under my hand and notarial seal this _____ day of _____, A.D. _____.

SEAL

Notary Public

ENDORSEMENT OF THE CHIEF OF POLICE

Recommend Issuing: Yes No Date: _____

Comments: _____

Signature

ENDORSEMENT OF THE COMMUNITY DEVELOPMENT DIRECTOR

Facility existing prior to June 6, 2016? Yes No

If no, date and Ordinance number of Conditional Use: _____

Recommend Issuing: Yes No Date: _____

Comments: _____

Signature

ENDORSEMENT OF THE MAYOR/BODYWORK COMMISSIONER

Recommend Issuing: Yes No Date: _____

Comments: _____

Signature

CHECKLIST OF DOCUMENTS TO BE SUBMITTED BY APPLICANT

- () Records establishing ownership of business (any entity owning 5% must be disclosed)
- () Copy of business records that establishes persons with current management authority
- () Proof of business and underlying entities are in good standing with the State of Illinois
- () If leased, copy of lease, and amendments, addenda, assignments and subleases
- () Proof of liability insurance
- () Floor layout/diagram
- () Conditional Use Ordinance (if established on or after June 6, 2016)
- () Copy of Therapists State Licenses or Certificates