



Finance Department • 102 N Neil St • Champaign IL 61820 • (217) 403-8940 • fax (217) 403-8995 • www.ci.champaign.il.us

APPLICATION FOR MASSAGE ESTABLISHMENT PERMIT

The undersigned applicant hereby makes application for the year ending April 30, 20 , for the issuance of a license to engage in the business indicated below. The applicant further authorizes that a credit check and a police background check be made on him as a condition for the issuance of the license.

FEE: \$200.00 - Non-Refundable application fee (May not be pro-rated)

INFORMATION OF MASSAGE ESTABLISHMENT APPLICANT

Name of Business_____

Business address_____

City, State, Zip_____

Business's legal status (Corporation, partnership, individual)_____

Business telephone_____

Name of Owner/Operator_____

Home address of Owner/Operator_____

City, State, Zip_____

Birthdate_____

Please list all residential addresses of Owner/Operator for the past three

years_____

Please list employment history of Owner/Operator for the past four years

(Please include name of employer, address, city, state, zip and phone

number)_____

Have you ever been issued a massage or similar business license in this

city, state or another state? If so, please list._____

Has the massage or similar business license ever been revoked or suspended?

Have you ever been convicted of a felony?_____

If so, please list all convictions._____

Please supply a drawing or written description which adequately describes

the space in the building where the massage business is to be conducted_____

AFFIDAVIT

I swear that I am the sole owner of the business above described, that the premises are located and names as stated and comply with all respects with the requirements of Champaign City Code entitled "Massage Establishments", and that I am qualified and eligible to obtain the license applied for herein under said Champaign City Ordinance.

I swear that I will not violate any of the laws of the State of Illinois or of the United States of America or the ordinances of the City of Champaign in the conduct of the place of business described herein and that the statements contained in this application are true and accurate and are made for the purpose of inducing the City of Champaign to issue the license herein applied for.

Name of Applicant _____
(Please print)

Signature of Applicant _____

Subscribed and sworn to me on this _____ day of _____, 20 .

Notary Public _____

My commission expires _____

City Clerk's office
Revised 3/29/12