

Kathy Michael, McLean County Clerk
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Application to Operate a Massage Establishment

(1) Name, address, phone number(s) of person(s) or entity(ies) operating the massage establishment:

(2) Exact name and location of the massage establishment:

(3) Applicant's residential addresses for the past three (3) years:

(4) Applicant's height, weight, color of eyes, color of hair:

(5) Applicant's business, occupation or employment for the three (3) years immediately preceding the date of application:

(6) Applicant's massage or similar business history; whether Applicant possesses or did possess a permit or license to operate in this or another County or State; whether such permit or license has ever been suspended or revoked and if so, the reasons therefore and the business activity or occupation Applicant conducted after such suspension or revocation:

(7) Indicate all criminal or County Ordinance violation convictions, bond forfeitures, and pleas of nolo contendere on any charges in any State, except minor traffic violations:

*******Please attach a non-refundable filing fee in the amount of \$25.00*******

Applicant Signature

Applicant Signature

Printed Name

Printed Name

Individual and Partnership Applicant, execute the following:

State of Illinois)
) ss
County of McLean)

I (We), _____, being duly sworn, depose and say I (we) am (are) the within named Applicant(s), that I (we) signed the foregoing Application to Operate a Massage Establishment and that each and every question therein is answered in full and is true and correct in every respect.

Subscribed and sworn to before me this ____ day of _____, _____.

Notary Public

Corporate Applicant, execute the following:

In Witness Whereof, the undersigned Corporation has caused this Application to Operate a Massage Establishment to be executed in its name by its _____ President, attested by its _____ Secretary, this ____ day of _____, _____.

[Corporate Seal]

Exact Corporate Title

By: _____
President or Vice-President

ATTEST:

Secretary or Assistant Secretary

State of Illinois)
) ss
County of McLean)

I, _____, a Notary Public, do hereby certify that on the ____ day of _____, _____, personally appeared before me _____ who declares that he/she is _____ President of the Corporation executing the foregoing document, and being first duly sworn, acknowledges that he/she signed the foregoing document in the capacity therein set forth and declares that the statements therein contained are true.

In Witness Whereof, I have hereunto set my hand and seal the day and year before written.

[Notary Seal]

Notary Public