



MESSAGE ESTABLISHMENT / REFLEXOLOGY BUSINESS LICENSE APPLICATION

Date: _____

Account # (LEAVE BLANK): _____

For office use only

According to Title 11, Chapter 126 of the Schaumburg Village Code, a Massage Establishment / Reflexology Business License is required to operate a massage and/or reflexology establishment.

REQUIREMENTS:

- Completion of the Massage Establishment /Reflexology Business License Application in its entirety.
• Proof of payment, by the management establishment owner(s), that a fingerprint/background investigation has been conducted by a Schaumburg Police approved outside agency (A separate fee, payable to the agency, is required).
• A list of the names of all massage therapists, reflexologists and/or practitioners that will be working at the establishment as employees and/or independent contractors (see Attachment A).
• A list of the names of the managers, assistant managers or other persons principally in charge of the operation that are employed or allowed to work on the premises. (see Attachment B)
• A copy of a professional license issued by the State of Illinois authorizing the practice of massage therapy and/or any applicable certificates for all individuals and/or independent contractors working in the establishment.
• The license holder will contact the Community Development department (847.923.4420), to initiate and comply with certificate of occupancy (C.O.) requirements.

BUSINESS Name or DBA: _____ (Must match Business Name on Certificate of Occupancy (C.O.))

CORPORATE Name: _____ (If different from Business Name above)

Schaumburg Business Address: _____ ZIP: _____

Business Phone Number: _____ Description of Business: _____

Does an IL Sales Tax Apply? _____ NO _____ YES (If yes, list the IBT# or Account ID) _____ -- _____

Check the Type of Business Ownership: (List the names of all involved in the operation of the business on Attachment B)

- Individual Partnership Corporation LLC

Check the appropriate box that applies to your Business:

- New Business in Schaumburg
 Change to Existing Business in Schaumburg (Specify ownership or address change)
 Ownership Change _____ Former Business Owner Name
 Address Change _____ Former Business Address



Date: _____

Account # (LEAVE BLANK): _____

For office use only

BUSINESS LICENSE APPLICATION FEES

- All licenses expire at the end of the calendar year. A \$10.00 Schaumburg Business Association fee will be added to all business license applications. All fees are due at time of application.
- Application fees for some license types, received on or after July 1st, may be reduced to one-half of the fees listed below
- It is the business owner's responsibility to notify the Finance department, in writing, of any billing information changes (e.g. email address, phone, mailing address, etc).

******* BUSINESS LICENSES AND RENEWALS WILL BE EMAILED UNLESS OTHERWISE REQUESTED *******

Name of Billing Contact: _____ Title: _____

Email: _____ Phone: _____

I/We understand the issuance of this license is conditional upon compliance with all Village Ordinances, State and Federal Law, and the results of any inspections required by ordinance at this time and any further inspections while in force. I/We hereby authorize the Village of Schaumburg by its agents to make inquiries into my/our character, credit, and background, in order to approve or deny this license application. I/We have read this application and answered all questions fully and the information I/We have submitted in this application is complete and truthful to the best of my knowledge.

SIGNATURE _____ TITLE _____ DATE _____

General Business License Fees (including, but not limited to office, retail, manufacturing, and industrial)			
<input type="checkbox"/>	0 – 999	Floor Area in sq.ft.	\$95
<input type="checkbox"/>	1,000 – 4,999		\$105
<input type="checkbox"/>	5,000 – 9,999		\$120
<input type="checkbox"/>	10,000 – 14,999		\$145
<input type="checkbox"/>	15,000 – 19,999		\$170
<input type="checkbox"/>	20,000 – 29,999		\$230
<input type="checkbox"/>	30,000 – 39,999		\$285
<input type="checkbox"/>	40,000 – 49,999		\$345
<input type="checkbox"/>	50,000 – 74,999		\$430
<input type="checkbox"/>	75,000 – 99,999		\$515
<input type="checkbox"/>	100,000 – 249,999		\$600
<input type="checkbox"/>	250,000 – 499,999		\$690
<input type="checkbox"/>	500,000 and over		\$780
			TOTAL AMOUNT DUE \$

All Business License applications must be accompanied by a Certificate of Occupancy (C.O.) from the Community Development Department (847.923.4420). **No license will be issued unless a recycling program is established and approved by the Community Development Department (847.923.3700).** For Home Based Business License information, contact Community Development (847.923.4420).



Date: _____

Account # (LEAVE BLANK): _____

For office use only

BUSINESS OWNER(S) INFORMATION

Business Owner(1) Name _____ Phone No: _____

Home Address _____

City: _____ State or Country: _____ Zip: _____

Business Owner(2) Name _____ Phone No: _____

Home Address _____

City: _____ State or Country: _____ Zip: _____

1. Has the owner, manager, officer or any employee ever been arrested or convicted of a felony or misdemeanor involving a moral judgment? NO YES (If yes, please explain below)

2. Does the owner have any prior or current affiliations with other massage establishments (e.g. owned or managed, in/out of State) NO YES (If yes, please state the Name of the business, address, and dates in business)

3. Has the business ever had a previous license or application for a license denied, revoked, or voluntarily surrendered by any Local or State government or subdivision there of? NO YES (If yes, complete section below)

Name of Business/DBA: _____ Date Reported: _____

Business Address: _____

State Reason: _____

Enforcement Authority: _____

MANAGER(S) INFORMATION

Manager(1) Name: _____ Phone No: _____

Home Address _____

City: _____ State or Country: _____ Zip: _____

Manager(2) Name: _____ Phone No: _____

Home Address _____

City: _____ State or Country: _____ Zip: _____



Date: _____

Account # (LEAVE BLANK): _____

For office use only

PROPERTY OWNER or PROPERTY MANAGER INFORMATION

REQUIREMENTS:

- The name and address of the property owner or property manager.
- If the premises are held in trust, a list of the names and addresses of all owners of the beneficial interest of the trust (see below).
- If the premises are leased, a copy of the lease shall be provided.
- If the term of the lease ends prior to the expiration date of the license, for which application applies, the license holder must provide a copy of the new lease for the premises 30 days prior to the expiration of the lease.

PROPERTY ADDRESS OF BUSINESS/DBA:

DO YOU HAVE A LEASE FOR THIS BUSINESS ADDRESS? ___ No ___ Yes

PROPERTY OWNER INFORMATION:

Property Owner(1) Name: _____ Phone No: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Property Owner(2) Name: _____ Phone No: _____

Home Address: _____

City: _____ State: _____ Zip: _____

PROPERTY MANAGER INFORMATION (If Premises are leased):

Property Manager Name: _____ Phone No: _____

Property Management Name: _____

Property Manager Address: _____

City: _____ State: _____ Zip: _____

Lease Effective Dates: Start _____ Expiration _____

BENEFICIAL TRUST INFORMATION (If Premises are held in trust):

If the premises are held in trust, list the names and addresses of all the owners of the beneficial interest of the trust.

NAME	HOME ADDRESS, CITY, STATE, ZIP
1.	
2.	



Date: _____

Account # (LEAVE BLANK): _____

Attachment A

(A list of all all massage therapist(s), reflexologist(s) and practitioner(s) working at the establishment)

REQUIREMENTS:

- A list of the names of all massage therapists, reflexologists and practitioners working at the establishment.
- A copy of a professional license issued by the State of Illinois, to the massage therapist, authorizing the practice of massage therapy for each massage therapist.
- A copy of a valid, applicable certificate for each reflexologist and/or practitioner.
- A new Attachment A form must be completed in its entirety, and the appropriate license/certificates provided, each time additional massage therapists, reflexologists and/or practitioners are employed or allowed to work on the premises.
- A new Attachment A must be submitted to the village Finance Department at least five (5) days prior to said person providing a massage.

BUSINESS Name or DBA: _____
(Must match Business Name on Certificate of Occupancy (C.O.))

BUSINESS Owner Name: _____

Schaumburg
Business Address: _____ ZIP: _____

Business Phone Number: _____

NAME	LICENSE TYPE (Massage Therapist, Reflexologist, Practitioner, etc.)	License # or Certificate #	Expiration Date
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

I accept responsibility for any acts of any employee or independent contractor who is licensed as a massage therapist, reflexologist or practitioner.

SIGNATURE _____ TITLE _____ DATE _____



Attachment B

(Persons principally in charge of the operation)

Date: _____

Account # (LEAVE BLANK): _____

For office use only

BUSINESS Name or DBA: _____

(Must match Business Name on Certificate of Occupancy (C.O.))

Schaumburg
Business Address: _____ ZIP: _____

Business Phone Number: _____

Requirements:

- A list of all persons principally in charge of the operation.
- A new Attachment B and a new business license application must be completed by the business license holder, in its entirety, anytime any new additions or changes to the persons in charge of the operation are made.
- The business license holder shall provide the name of any new manager, assistant manager or other person principally in charge of the operation of the business to the Finance Department at least five (5) business days prior to said person beginning work at said premises.

NAME (Print Clearly)	TITLE (e.g President, Vice President, Manager, Asst. Manager, etc.)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

I accept responsibility for any acts of any employee or independent contractor who is licensed as a massage therapist, reflexologist or practitioner.

SIGNATURE _____ TITLE _____ DATE _____



OFFICE ONLY

Purpose: _____ 1225 East Golf Road, Suite A
Payment Method: _____ Schaumburg, IL 60173
(847) 706-6789
www.iTouchBiometrics.com
Agency License # 262.000033

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Birth Date: ____/____/____
Mo. Day Year

Gender: _____ Race: _____

Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Place of Birth: _____ Phone: _____
State or Country

I, the undersigned, hereby authorize the release of any criminal history record information that may exist regarding me from any agency, organization, institution, or entity having such information on file. I am aware and understand that my fingerprints may be retained and will be used to check the criminal history record information files of the Illinois State Police (ISP) and/or the Federal Bureau of Investigation (FBI). **In addition I authorize my photo to be taken, submitted to the ISP and/or FBI; photographic images may be shared for licensing and employment purposes only. I further understand that I have the right to challenge any state or federal criminal history record information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete.

X _____ Date: _____

For Office Use Only:

Applicant TCN#: LS11007L7597 _____ State ID _____

Technician: _____

No appointment necessary

9am-5pm, Monday-Friday

Fax: 630-912-2111