



MASSAGE THERAPY CLINIC LICENSE APPLICATION

PLEASE PRINT OR TYPE

Date of Application: _____

APPLICANT SECTION:

Name _____
(including nicknames or aliases): _____

Mailing Address: _____

Residence Address: _____

Home Phone: _____ Cell Phone: _____

Fax Number: _____ Email Address: _____

Have you ever changed your name through marriage or through action of a court, or have you ever been known by any other name? YES NO If yes, list name(s) & date(s) of name changes(s)

Name: _____ Date: _____

Name: _____ Date: _____

Social Security Number: _____ Date of Birth: _____

If the applicant is a corporation, list name of the registered agent as well as the name(s) and address(es) of each officer, director, stockholder (holding more than 20% of the stock of such corporation), partner, and financially interested person(s). Attach additional sheet if necessary:

If applicant is a partnership, list the name(s) and address(es) of all general or managing partners and any limited partners owning more than 20% of the aggregate limited partnership interest in such partnership. Attach additional sheet if necessary:

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

Do you now hold, or have you ever held, a license or certificate to practice any profession in any jurisdiction? YES NO If yes, list below & attach other pages if necessary.

Have you ever had a license or permit to operate a massage establishment or any other business in this or any other state or jurisdiction? YES NO

Have you ever been denied the right to take a massage therapy (for any other medical or personal service) licensing examination in any state or jurisdiction? YES NO

Have you ever been refused a license to practice massage therapy or any other license or renewal thereof – in any state or other jurisdiction? YES NO

Have you ever had a license or certificate of registration to practice massage or any other licensed profession revoked, suspended or otherwise acted against (including probation, fine, reprimand, or surrender of a license) in a disciplinary proceeding in any state? YES NO

Are you now or have you ever been a defendant in a civil litigation in which the basis of the complaint against you was an alleged negligence, malpractice, or lack of professional competence, or sexual misconduct? YES NO

Is there currently a complaint against your professional conduct or competence pending? YES NO

Have you ever been convicted of, or entered a plea of guilty, or no contest to a crime (felony, misdemeanor or ordinance violation) in any court, even if the court withheld adjudication so that you would not have a record of conviction? YES NO

If “Yes”, list type of crime, date of action, and the name of court taking action.

If the applicant is a corporation, has any officer, director, stockholder (holding more than 20% of the stock of such corporation), partner or financially interest person(s) ever been convicted of, or entered a plea of guilty, or no contest to a crime (felony, misdemeanor or ordinance violation) in any court, even if the court withheld adjudication so that you would not have a record of conviction? YES NO

If “Yes”, list type of crime, date of action and name of court taking action.

If the applicant is a partnership, has any general or managing partner or any limited partner owning more than 20% of the aggregate limited partnership interest ever been convicted of, or entered a plea of guilty, or no contest to a crime (felony, misdemeanor or ordinance violation) in any court, even if the court withheld adjudication so that you would not have a record of conviction? YES NO

If “Yes”, list type of crime, date of action and name of court taking action.

Have you been enrolled in, required to enter into, or participated in any drug or alcohol recovery program or impaired practitioner program? YES NO

Have you been treated for or had a recurrence of a diagnosed addictive disorder? YES NO

Have you been discharged or asked to leave, or had disciplinary action taken against you in any job related to your profession? YES NO

NOTE: If you answered "Yes" to any of these questions, submit a letter giving a complete explanation.

IF CLINIC WILL BE CONDUCTED BY A MANAGER:

Manager's Name: _____ Date of Birth: _____

Residence Address: _____

Home Phone: _____ Cell Phone: _____

Fax Number: _____ Email Address: _____

Has the manager ever been convicted of, or entered a plea of guilty or no contest to a crime (felony, misdemeanor or ordinance violation) in any court, even if the court withheld adjudication so that they would not have a record of conviction? YES NO

If "Yes", list type of crime, date of action and the name of court taking action.

FACILITIES:

Name of Clinic: _____

Principal location of the
Message Therapy Clinic: _____

Mailing Address: _____

Business Phone Number: _____

Description of the proposed massage therapy clinic: _____

Activities or business conducted at this location: _____

Description of the physical facilities to be used: _____

REQUIRED ATTACHMENTS SECTION:**Have You Attached?**

- | | | |
|---|------------------------------|-----------------------------|
| 1. One (1) passport-size photograph of the applicant (head and shoulders, face forward) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. Are you a citizen of the United States? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3. Proof of U S citizenship, permanent resident alien status, or valid work permit | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4. Attach copy of floor layout diagram. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 5. Fingerprints taken by West Dundee Police Department as part of criminal background check (can be completed after application submitted). | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

AFFIDAVIT OF APPLICANT:

I, _____, declare under penalty of perjury that the information contained in this application is true and correct. I further declare under penalty of perjury that I have omitted no item requested to be answered and have included a full and correct answer to each to the best of my knowledge and belief. I hereby authorize the Village of West Dundee and the Village of West Dundee Police Department to make whatever inquiries are necessary to verify the truth of these matters stated herein. I understand that any intentional misrepresentation of a material fact shall subject me to possible penalties for perjury and shall be grounds to deny or revoke the license sought by this applicant. I further understand that it is my duty and responsibility as an applicant to supplement my application after it has been submitted and when any change in circumstances or conditions occur which might affect the Village's decision concerning my eligibility for licensure. I further understand that the application fee is non-refundable.

Signature of Applicant