



Massage Establishment Application for Background Check

Application available online at: <http://egv.illinois.gov/forms.htm>

Owner Name: _____

Application and Fee Required for Each Background Check

Owner Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____

Exact nature of massage to be administered: _____

Number of Employees: _____ Hours of Operation: _____

Owner Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Signature: _____ Date: _____

Owner, partner or any officer or director holding more than ten percent (10%) of the stock of a corporate applicant shall furnish a copy of the following:

State Massage Therapist License.

Proof of Age (must be at least eighteen).

Drivers License.

Social Security Card.

Residential Address(es) for Past Three (3) Years.

Previous Business, Occupation or Employment for Past Three (3) Years.

Massage or similar business license history (state if any license had been revoked or suspended and the reason and the business activity or occupation subsequent to such action of suspension or revocation.

All criminal or village ordinance violation convictions, and forfeiture of bond, except for minor traffic violations.

If a corporation, a copy of articles of incorporation and/or permission to do business in Illinois.

Tax Identification Number.

Fingerprints and photograph of applicant shall be taken at the police department.

List all individuals performing massage therapy on the premises and attach a copy of their Illinois license:

Name: _____

Name: _____