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**VILLAGE OF GURNEE**  
**325 N. O'PLAINE ROAD**  
**GURNEE, IL 60031**

Phone: 847-599-7500   Fax: 847-623-0490

**Bathing and Massage Establishment License Application**

**Applicant Information**

*(To be completed by owner or manager, any partner or limited partner of a partnership application and any officer, director or stockholder of greater than 10% of a corporate applicant or corporate partner of a partnership).*

**Applicant's Name:**

\_\_\_\_\_  
Last Name                      First Name                      M.I.

**Applicant's Position/Business Relationship:**

**Home Address:** \_\_\_\_\_

Street

\_\_\_\_\_  
*City                      State                      Zip Code*  
If you have lived at this location for less than 3 years, please list your home address(es) for the previous 3 years:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**Birth Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (must be 18 years old or older)

**Phone Numbers:**

**Home:** \_\_\_\_ - \_\_\_\_      **Cellular:** \_\_\_\_ - \_\_\_\_

**Work:** \_\_\_\_ - \_\_\_\_      **Email:** \_\_\_\_\_

**Employment history for the past 4 years:**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

**Have you ever had any city or state license revoked or suspended? (If so, please explain)**    Yes    No

**Have you ever been convicted of any criminal offense, including Village ordinance violations, state and/or federal violations? (If so, Please explain)**    Yes    No

**Business Information**

**Business Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Business Phone Number:** \_\_\_\_ - \_\_\_\_

**Description of Building where the massage business is to be conducted:**

**Please include with this application the following items:**

- \_\_ Copy of Driver's License/State ID
- \_\_ Recent photograph
- \_\_ Bathing or Massage Establishment (\$1,000.00)
- \_\_ Auxiliary Massage Establishment (\$200.00)

The signatory below certifies that to the best of his/her knowledge all the foregoing information is true and correct as provided.

**Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_