



Bathing and Massage Establishment License Application

- New Application
- Renewal Application
- Change of Address, Business Name, or Ownership

Business Information

- 1. Business Name (DBA): _____
- 2. Address - physical location: _____ Suite/Space # _____, Gurnee, IL
- 3. Business Phone: _____

Billing Party Information – Where License Renewals and other Official Notices Will Be Sent

- 4. Owner Name: _____ 5. Birth Date: _____ (must be 18 years old or older)
- 6. Owner Mailing Address: _____ City: _____ State: _____ Zip Code: _____
- 7. Owner Phone: _____ 8. Email: _____
- 9. If you have lived at this location for less than 3 years, please list your home address(es) for the previous 3 years:
 - 1) _____ City _____ State _____ Zip Code _____
 - 2) _____ City _____ State _____ Zip Code _____
 - 3) _____ City _____ State _____ Zip Code _____

Employment History

- 10. List ALL employment/positions you have had in the last 4 years.
 - 1) _____
 - 2) _____
 - 3) _____
 - 4) _____
- 11. Have you ever had any city or state license revoked or suspended? (If so, please explain) Yes No

- 12. Have you ever been convicted of any criminal offense, including Village ordinance violations, State and/or Federal violations?(If so, please explain) Yes No

13. Please include with this application the following items:

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

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

Name: _____ Title: _____

Signature: _____ Date: _____

Submit application and appropriate fee to:
Village of Gurnee, Attn: Revenue Collection, 325 North O'Plaine Road, Gurnee, IL 60031
Phone 847-599-7500