

IS THE APPLICANT INTENDED TO WORK AS A MASSAGE THERAPIST AT THE ESTABLISHMENT? _____
IF YES, A COPY OF THE MASSAGE THERAPIST LICENSE MUST BE SUBMITTED.

Type of massage (s) offered at establishment: _____

NAME AND ADDRESS (S) OF ALL MASSAGE THERAPIST (S) TO BE EMPLOYED AT THE ESTABLISHMENT INCLUDING ID(S) AND LICENSE (S) OF EACH EMPLOYEE BY THE ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATIONS PURSUANT TO THE MASSAGE LICENSING ACT.

I, the undersigned, thoroughly understand that this is solely an application to operate a business, and is not permission to operate a business until all applicable ordinances of the City of Rockford including but not limited to Building and Fire regulations, and the laws of the State of Illinois, have been fully complied with, and this application is properly signed by the departments listed below, and an official license is issued by the Finance Director or designee.

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Date application received: _____ Received By: _____

License fee attached: YES / NO Final Action due: _____ (21 days from receipt)

Zoning: Approved / Disapproved By: _____ Date: _____

Building: Approved / Disapproved: By: _____ Date: _____

Legal: Approved / Disapproved: By: _____ Date: _____

Mayor's Office: Approved / Disapproved: By: _____ Date: _____

Fire: Approved / Disapproved: By: _____ Date: _____

Finance: Approved / Disapproved: By: _____ Date: _____