



Office of the City Manager
 City Hall, 419 Fulton Street
 Peoria, IL 61602
 Phone: (309) 494-8524 Fax: (309) 494-8556

For Office Use Only
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Amount Paid: _____
Receipt: _____

BODYWORK ESTABLISHMENT LICENSE APPLICATION

IMPORTANT: Application must be completed in full and notarized before it will be accepted. All fees must be paid at the time the application is submitted.

- **Initial Application Fee:** \$250.00 (Bodyworks Primary Service) \$100 (Bodyworks Non-Primary Service)
- **Renewal Application Fee:** \$100 (Bodyworks Primary Service) \$50 (Bodyworks Non-Primary Service)

NOTE: Applicant must be fingerprinted by the Peoria Police Department and must provide two (2) passport size photographs (1”x 1.5” head and shoulders area, face forward) with this application. A Nonrefundable Fingerprint Fee of \$50.00 per person is required and a background check of \$100 is required.

1. New License Application Renewal Application Application Change

2. Please select the option that best describes your business:

Corporation LLC Partnership Sole Proprietorship Individual Other

3. Business Name: _____ Sales Tax (IBT) #: _____

Assumed Name or Doing Business As (DBA) Name: _____

Business Address: _____ Business Phone: _____

Website Address: _____ FEIN #: _____

4. Name of Applicant: _____ Home Phone: _____

Home Address: _____ City/State/Zip: _____

Email Address: _____

Social Security #: _____ Date of Birth: _____

Driver's License#: _____ Issuing State: _____

****Must include a photocopy of government issued identification card****

Email Address: _____ Alias Names: _____

Two Previous Residential Addresses: _____

5. List of other businesses (name and address)/owned or operated by applicant within the last 5 years:

6. Have you ever been convicted of a criminal act or ordinance violation (other than minor traffic offenses)?

Yes No If yes, explain in detail: _____

7. Have you ever had a business application or license denied, suspended or revoked?

Yes No If yes, explain in detail: _____

8. Do you own or lease your building/storefront?

Own Lease If you lease, please provide the following information:

Name of building owner: _____ Business Phone: _____

Address of building owner: _____ City/Zip: _____

Email Address: _____

9. Will the business be supervised and conducted by a manager?

Yes No

10. Name of Manager: _____ Home Phone: _____ Cell Phone: _____

Home Address: _____ City/Zip: _____

Social Security #: _____ Date of Birth: _____

Driver's License #: _____ Issuing State: _____

Two Previous Residential Addresses: _____

11. List of other businesses owned or operated by manager:

12. Has the manager ever been convicted of a criminal or ordinance violation (other than minor traffic offenses)?

Yes No If yes, explain in detail: _____

13. Have you ever had a business application or license denied, suspended or revoked?

Yes No If yes, explain in detail: _____

14. License and/or permit history. List all prior Massage Licenses/Permits and current status (use additional sheet if necessary):

Issuing authority: _____ License#: _____ Status: _____
Issuing authority: _____ License#: _____ Status: _____

15. If any prior licenses/permits have been revoked/suspended, state the reason and disposition:

Reason: _____ Disposition: _____
Reason: _____ Disposition: _____

16. Describe the building and specific location within the building where bodywork will be conducted:

**** ATTACH A FLOOR LAYOUT/DIAGRAM OF THE BUSINESS ****

Approximate floor area devoted to the principal business: _____
Approximate floor area devoted to Bodywork stations: _____
Approximate total floor area of premises: _____

Does your establishment have a clear glass entrance?

Yes No If no, explain in detail why the establishment is unable to have a clear glass entrance:

17. Describe other activities or business conducted at this location:

18. What percentage of your business activity will involve bodywork: _____

19. List, as indicated, previous three years' employment history:

Dates of Employment: From: _____ To: _____
Employer: _____ Phone: _____
Address: _____ Occupation: _____

Dates of Employment: From: _____

To: _____

Employer: _____

Phone: _____

Address: _____

Occupation: _____

Dates of Employment: From: _____

To: _____

Employer: _____

Phone: _____

Address: _____

Occupation: _____

****This section for Corporate or Partnership Applications only****

1. List each officer, director or shareholder owning 5% or more stock or controlling interest of the corporation/partnership; LLC; etc.

Name	Address	HomePhone#	<u>Date of Birth</u>

2. Has any officer, manager, director or shareholder owning 5% or more of the stock of the corporation ever been convicted of a criminal act or ordinance violation (other than minor traffic offenses)?

Yes No

3. If yes, explain in detail:

Affidavit

State of Illinois)
) SS
County of Peoria)

I/We, the undersigned, being first duly sworn, say that I/we have read the foregoing application and that the statements therein are true, complete and correct and are upon my/our personal knowledge and information that I/we will not violate any of the ordinances of the City of Peoria or the laws of the United States of America, in the conduct of the place of business described herein.

It is further represented that no officer, manager, director, or stockholder of the Corporation, owning more than 5% of the stock in such Corporation, has ever been convicted of a felony and would not be disqualified to receive a license by reason of any matter or thing contained in the Ordinances of the City of Peoria and that no officer, manager, director or stockholder will violate any of the Laws of the State of Illinois or of the United States, or any Ordinances of the City of Peoria in the conduct of the place of business described herein.

Applicant acknowledges the obligation of those person(s) identified above on this application to submit to fingerprinting and background investigation upon the request by the City.

Dated at Peoria, Illinois this _____ day of _____, A.D. _____.

Signature of Applicant _____

Signature of Applicant _____

Signature of Manager _____

Signature of Business Owner _____

Signature of Landlord/Property Owner _____

I, _____, a Notary Public in and for said county in the state aforesaid, do hereby certify that the applicant(s), appeared before me this day in person and acknowledged that he/she/they signed the foregoing application as his/her/their free and voluntary act for the use and purposes therein set forth.

Given under my hand and notarial seal this _____ day of _____, A.D. _____.

SEAL

Notary Public

ENDORSEMENT OF THE CHIEF OF POLICE

Recommend Issuing: Yes No Date: _____

Comments: _____

Signature

ENDORSEMENT OF THE DIRECTOR OF COMMUNITY DEVELOPMENT

Recommend Issuing: Yes No Date: _____

Comments: _____

Signature

ENDORSEMENT OF THE FIRE CHIEF

Recommend Issuing: Yes No Date: _____

Comments: _____

Signature

CHECKLIST OF DOCUMENTS TO BE SUBMITTED BY APPLICANT

1. () Records establishing Ownership of business (any entity owning 5% must be disclosed)
2. () Copy of business records that establishes persons with current management authority
3. () Proof of business and underlying entities are in good standing with the State of Illinois
4. () Sample copy of advertising
5. () If leased, copy of lease, and amendments, addenda, assignments and subleases
6. () Floor layout/diagram
7. () Copy of Therapists State Licenses or Certificates