

CITY OF WOODSTOCK

Massage Establishment License Application

City Use: Received _____ License No. _____

Application Instructions:

- Please fill out the application completely.
- Attach a list of the name and address of each employee that will be working at this establishment. For each employee with a state license, include a copy of the state license.
- If the applicant is a corporation, please attach a list showing the following:
 - Name and address or addresses of the corporation
 - Names and addresses of the agents and employees of the corporation for a period of two years prior to the filing of this application
- Attach a copy of state issued identification for the applicant and owner.

Important Information:

1. In addition to the massage establishment license, each establishment shall also obtain an occupation tax certificate and business registration.
2. The applicant and all owners of the business must be fingerprinted at the City of Woodstock Police Department and a criminal history will be run. Please ask the City of Woodstock clerk to set a fingerprint appointment.
3. Each employee who will be providing massage therapy services shall post their state license in a conspicuous place in the establishment and attach a copy to this application.
4. Those employees who will not be performing massages, and/or managers or supervisors, who are exempt from getting a state license, shall obtain a work permit from the City of Woodstock. This involves a separate application and process.

Business Information

Business Name: _____

DBA (if Applicable): _____

Business Street Address: _____ City: Woodstock Zip: _____

Mailing Address: _____

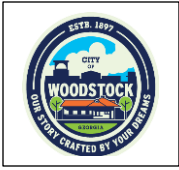
City/State/Zip: _____

Local Woodstock Business Phone #: _____ Fax #: _____

Name of main contact person: _____

Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____



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Applicant Information

If there is

more than one owner, please attach a separate page with all information in this section for each owner.

Business Owner Name: (must be a licensed massage therapist with the Secretary of State)

Address: _____

Name and address of any person having previously employed the applicant for 2 years or longer: _____

List all criminal convictions other than misdemeanor traffic violations, including the date of the conviction, the nature of the crimes, and the place convicted: _____

License Information

Hours of Operation: _____

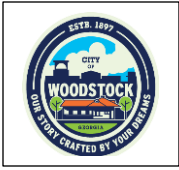
Definition of Services to be Provided: _____

Oath

I, _____ hereby certify that the statements herein are true and correct, and authorize the City of Woodstock, its agents and employees to seek information and conduct an investigation into the truth of the statements set forth in this application. I further certify that I have read the Massage Establishment ordinance in the City of Woodstock Code of Ordinances.

Signature

Date



CITY OF WOODSTOCK

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OFFICE USE ONLY: Massage Establishment License Sign-Off

Massage Business Name: _____

Address: _____

AMOUNT PAID _____

MONEY ORDER # _____ CHECK # _____ CC Auth # _____

ANY DEPARTMENT RECOMMENDING DENIAL OF THE APPLICATION MUST ATTACH WRITTEN JUSTIFICATION FOR DENIAL AND FORWARD APPLICATION TO THE DEVELOPMENT SERVICES REP.

Development Services Rep. Complete _____
Comments _____ Date _____

Records Clerk Requirements Met Recommended Denial _____
Comments _____ Date _____

Detective Requirements Met Recommended Denial _____
Comments _____ Date _____

City Planner Requirements Met Recommended Denial _____
Comments _____ Date _____

Building Official Requirements Met Recommended Denial _____
Comments _____ Date _____

NOTES: _____