



City of Oak Park

Application For Massage Facility

Please **COMPLETELY** fill out and return to the City Clerk's Office.
You **MUST** Also Apply For a Business License at the Department of Technical and Planning Services

Business Information:

Legal Name of Applicant: _____

Address: _____

Phone: _____ E-Mail: _____

Business Name: _____

Business Address: _____

Business Phone: _____ E-Mail: _____

Name of Contact Person: _____

Business or Company Name: _____

Address: _____

Phone: _____ E-Mail: _____

Legal Qualifications of Applicant:

Ownership:

Corporation

Jurisdiction of Incorporation: _____

Date of Incorporation: _____

Resident Agent Name: _____

Address: _____

Phone: _____ Is the Corporation: ____ For Profit ____ Non-Profit

If the applicant is a corporation, attach a separate sheet indicating the name, resident address and telephone number of each of its officers and directors, and of each stockholder owning more than ten percent of the stock of the corporation. In addition, indicate the address of the corporation, if different from the address of the establishment or facility.

OVER

Limited Partnership

Jurisdiction Partnership Formed: _____

Date of Formation: _____

Resident Agent Name: _____

Address: _____

Phone: _____

General Partnership

Jurisdiction Partnership Formed: _____

Date of Formation: _____

If the applicant is a partnership, attach a separate sheet indicating the name, resident address and telephone number of each of the parties, including both general and limited partners. In addition, indicate the address of the partnership if it is different from the establishment or facility.

Individual

Other, Describe in Detail: _____

NOTE: If an applicant is a corporation, the application requirements shall apply to all the corporation officers and directors. In addition, shareholders owning more than ten percent of the stock of such corporation shall comply with these application requirements, unless otherwise provided. If the applicant is a partnership, the application requirements of this section shall apply to all the partners, both general and limited.

State the principal business of the proprietor of the facility (if a partnership, the principal occupation of the parties; if a corporation, the principal enterprise of the corporation):

State the business name(s) and address(es) of any facility or establishment, owned or operated by any person whose name is required to be given under *Legal Qualifications of Applicant* above wherein the business or profession of Massage is carried on. (Attach separate sheets if necessary).

