



**City of Rockford – Customer Service Center**  
**1st floor, City Hall, 425 E. State Street, Rockford, IL 61104**  
**779-348-7300 [CustomerService@rockfordil.gov](mailto:CustomerService@rockfordil.gov)**

## PERMIT APPLICATION – MASSAGE ESTABLISHMENT

THIS APPLICATION MUST BE ACCCOMPANIED BY THE \$50.00 PERMIT FEE, COPY OF STATE OF ILLINOIS LICENSE PERSUANT TO 225 ILCS 57/1 MASSAGE LICENSING ACT OR VALID CERTIFICATE ISSUED BY AN AUTHORIZED BONA FIDE ORGANIZATION AS SET FORTH IN SECTION 25G OF THE ACT AND ALL OTHER REQUIRED DOCUMENTATION AS INDICATED ON ORDINACE NO. 2017-205-O. APPLICANT MUST BE AT LEAST 18 YEARS OLD AND PROVIDE WRITTEN PROOF OF AGE AND 2" x 2" PORTRAIT (A COPY OF A VALID STATE ID OR DRIVER'S LICENSE SATISFIES THIS REQUIREMENT.)

Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Applicant Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Business Name: \_\_\_\_\_ Tax ID: \_\_\_\_\_

Applicant is a (check one):  Individual  Partnership  Corporation

If applicant is a corporation: Corporate Name: \_\_\_\_\_

Date of Incorporation: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_ Tax ID: \_\_\_\_\_

Registered Agent: Name: \_\_\_\_\_

PREVIOUS ADDRESSES PRIOR TO PRESENT ADDRESS OF APPLICANT:

Applicant's Demographic Information: HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_  
COLOR OF EYES \_\_\_\_\_ COLOR OF HAIR \_\_\_\_\_ OCCUPATION \_\_\_\_\_

#### PREVIOUS EMPLOYMENT (PAST 3 YEARS)

Has the applicant ever had a business license suspended or revoked? \_\_\_\_\_  
If yes, please explain \_\_\_\_\_

HAS THE APPLICANT EVER BEEN CONVICTED OF A FELONY? \_\_\_\_\_  
IF YES, PLEASE EXPLAIN \_\_\_\_\_

HAS THE APPLICANT EVER BEEN CONVICTED OF A CRIME? \_\_\_\_\_  
IF YES, PLEASE EXPLAIN \_\_\_\_\_

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.

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**Please note a twenty percent (20%) penalty will be added to the license fee if not paid within 30 days; furthermore, if not paid within sixty (60) days, the penalty will be fifty percent (50%)**

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: \_\_\_\_\_

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#### 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: \_\_\_\_\_