



Village of Elburn
301 E. North St. * Elburn, IL 60119
(630) 365-5060
www.elburn.il.us

APPLICATION FOR VILLAGE OF ELBURN BODYWORKS LICENSE

REMEMBER: APPLICATIONS MUST BE COMPLETED IN FULL
AND NOTARIZED BEFORE IT WILL BE ACCEPTED.
BODYWORKS LICENSES ARE NOT TRANSFERABLE

NON-REFUNDABLE LICENSE FEE: **\$100.00** (Bodyworks Primary Service)
\$50.00 (Bodyworks Not Primary Service)
\$10.00 (Massage Therapist- Sole Proprietor)

BACKGROUND CHECK FEE: **\$100.00** for each owner and manager who does not have a valid Massage Therapist License issued by the Illinois Department of Financial & Professional Regulations (IDFPR).

FINGERPRINTING FEE: **\$50.00** for each owner and manager who does not have a valid Massage Therapist License issued by the Illinois Department of Financial & Professional Regulations (IDFPR). Fingerprinting is conducted at the Elburn Police Department.

LICENSE PERIOD: MAY 1ST THROUGH APRIL 30TH

Please submit the following with the completed application:

- a) Copy of the File Detail Report from the Illinois Secretary of State.
- b) Copy of the Certificate of Ownership issued by the Kane County Clerk's Office or Assumed Name Certificate from the Illinois Secretary of State's Office.
- c) Copy of the Certificate of Registration issued by the Illinois Department of Revenue for the business.
- d) Copy of the Registration Issued by the Department of Financial and Professional Regulation for the business.
- e) Copy of the Certificate of Good Standing Issued by the Illinois Secretary of State.
- f) Copy of lease, amendments, addenda, assignments, and sub-leases.
- g) Copy of Certificate of Liability Insurance showing proof of general liability and professional liability insurance with limits of no less than \$1,000,000.00 per occurrence and \$2,000,000.00 in aggregate coverage.
- h) Floor plan/layout/diagram; include designation of each room by its purpose and activity that will take place in each room.
- i) Copy of all massage therapist's state licenses.
- j) Copy of driver's license or government issued identification card for all employees including business owners/applicants.
- k) Signed statement of receipt of Village Code Chapter 852, Bodywork Establishments.
- l) Non-refundable application fee of \$ 100.00 for Bodyworks Primary Service; \$50.00 for Bodyworks Not Primary Service; or \$10.00 for Massage Therapist-Sole Proprietor.
- m) Non-refundable background check fee of \$100.00 per person.
- n) Non-refundable fingerprint fee of \$ 50.00 per person.

*All owners including individuals, partners, shareholders, and managers shall submit fingerprints as a part of the background check process. *(Not applicable to those who can provide a copy of a valid massage license issued by the State of Illinois)*
All fees are non-refundable.

Bodyworks License Application for the Village of Elburn

1. LICENSE CLASSIFICATION/FEES

Check the applicable box below for the license classification the business is applying for.

- Bodyworks Primary Service- \$100.00
- Bodyworks Not-Primary Service- \$50.00
- Massage Therapist- Sole Proprietor- \$10.00

2. BUSINESS TYPE

Check the applicable box which corresponds to your business' official papers filed with the Secretary of State's Office and the corresponding dates.

- A. Sole Proprietorship Date filed with County Clerk: _____
- B. Partnership Date of formation: _____
- C. Illinois Corporation Date of incorporation: _____
- D. Foreign Corporation State of incorporation: _____
- E. Limited Liability Corporation Date Formed: _____
- F. OTHER _____

If "C" or "D" is checked, indicate your current Secretary of State filing number here: _____
(if you do not have this number available, please contact the Secretary of State's Office at 312-793-3380)

3. CORPORATE INFORMATION

CORPORATE NAME

Enter the name of the corporation (Illinois, national or foreign) in this box. NOTE: THIS NAME MUST BE CONSISTENT WITH THE NAME PRINTED ON YOUR ILLINOIS DEPARTMENT OF REVENUE SALES TAX REGISTRATION CERTIFICATE.

CORPORATE ADDRESS

Enter the street address, city, state and zip code of the sole proprietor, corporation, etc.

FEIN#

Enter your Federal Employer Identification Number (FEIN) in this box. The FEIN is a nine-digit number issued by the U.S. Internal Revenue Service. If you do not have a FEIN number, call 1-800-829-3676 for general information on how to apply and to obtain the forms you will need. If this does not pertain to your business, please mark "N/A" in the box.

ILLINOIS BUSINESS TAX NUMBER (SALES TAX ACCOUNT NUMBER)

Enter the eight-digit Illinois Dept. of Revenue Business Tax (Sales Tax Account) Number. If you need to obtain this number, visit www.tax.illinois.gov and click on “Businesses” and then “Business Registration”. If you have any questions, call 217-785-3707. If this does not pertain to your business, please mark “N/A” in the box.

SECRETARY OF STATE FILING NUMBER

If you do not have this number available, please contact the Secretary of State’s Office at 312-793-3380.

4. BUSINESS INFORMATION

Do you want your renewal application, license certificate and other correspondence sent to your business address?
If so, please check the box to the left.

Are you using your personal name as the business name? YES NO

NAME OF BUSINESS

Enter the name of the business which will be providing Bodyworks services at the licensed premises.
NOTE: THIS NAME AND D.B.A. MUST BE CONSISTENT WITH THE NAME ON YOUR ILLINOIS DEPARTMENT OF REVENUE SALES TAX REGISTRATION CERTIFICATE

D.B.A. NAME:

ADDRESS

Enter the address, city, state, and zip code of the business premises. This address must be consistent with information on your Illinois Department of Revenue Sales Tax Registration Certificate.

ADDRESS		
CITY	STATE	ZIP CODE

MAILING ADDRESS

Enter the address, city, state, and zip code of the business premises. This address must be consistent with information on your Illinois Department of Revenue Sales Tax Registration Certificate.

ADDRESS		
CITY	STATE	ZIP CODE

PHONE NUMBER

Enter the area code telephone number for the business premises.

5. OWNERSHIP INFORMATION

Provide the owner/officer/partner information in accordance with the business described under Question 3 AND 4. This information must be submitted for all owners/officers/directors/shareholders/partners. If additional space is needed, provide information on a separate sheet(s) in the same format as this application requires.

NOTE: A CHANGE IN OWNERSHIP WILL REQUIRE A NEW BODYWORKS LICENSE APPLICATION TO BE COMPLETED; INCLUDING BACKGROUND CHECKS AND FINGERPRINTING. IF APPLICABLE.

Owner #1

OWNER NAME (Last, first, middle initial)			
HOME ADDRESS	CITY	STATE	ZIP CODE

MAILING ADDRESS (if different)

PHONE#	EMAIL ADDRESS

DRIVER'S LICENSE NUMBER	STATE	DATE OF BIRTH	PLACE OF BIRTH

CITIZENSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF NO, PLEASE EXPLAIN:

TITLE/POSITION

LENGTH OF TIME THIS PERSON HAS BEEN IN A BUSINESS OF THIS TYPE

PREVIOUS ADDRESSES: (List all addresses this person has lived at for the past 10 years).

HOUSE# AND STREET	CITY, STATE, ZIP CODE	COUNTY

PREVIOUS EMPLOYERS: (List all previous employers this person has worked at for the past 10 years.)

BUSINESS NAME	CITY/STATE	COUNTY	PHONE#

DOES THIS OWNER HOLD A MASSAGE THERAPIST LICENSE IN THE STATE OF ILLINOIS OR EVER BEEN ISSUED A BODYWORKS LICENSE THROUGH THE STATE OF ILLINOIS? YES NO

IF YES, PROVIDE THE NAME, ADDRESS, LICENSE NUMBER, AND STATUS OF THE LICENSE OF THE BUSINESS. If additional space is needed, provide information on a separate sheet(s) in the same format as this application requires.

NAME OF BUSINESS	
ADDRESS, CITY, COUNTY, STATE, AND ZIP CODE	
LICENSE NUMBER	STATUS OF LICENSE

NAME OF BUSINESS	
ADDRESS, CITY, COUNTY, STATE, AND ZIP CODE	
LICENSE NUMBER	STATUS OF LICENSE

LIST OTHER BUSINESSES OWNED OR OPERATED BY THIS OWNER. If additional space is needed, provide information on a separate sheet(s) in the same format as this application requires.

NAME OF BUSINESS	
ADDRESS, CITY, COUNTY, STATE AND ZIP CODE	

NAME OF BUSINESS	
ADDRESS, CITY, COUNTY, STATE, AND ZIP CODE	

HAS THIS OWNER EVER BEEN ISSUED A BODYWORKS LICENSE IN ANY OTHER STATE? YES NO

IF YES, PROVIDE THE NAME AND ADDRESS OF THE BUSINESS. If additional space is needed, provide information on a separate sheet(s) in the same format as this application requires.

NAME OF BUSINESS	
ADDRESS, CITY, COUNTY, STATE, AND ZIP CODE	
LICENSE NUMBER	STATUS OF LICENSE

NAME OF BUSINESS	
ADDRESS, CITY, COUNTY, STATE, AND ZIP CODE	
LICENSE NUMBER	STATUS OF LICENSE

HAS THIS PERSON EVER HAD AN APPLICATION, PERMIT, REGISTRATION OR LICENSE DENIED, SUSPENDED OR REVOKED? YES NO

IF YES, PROVIDE THE DATE, CITY, STATE, PERMIT NO., REGISTRATION NO., LICENSE NO., REASON FOR AND DISPOSITION.

DATE	CITY AND STATE

PERMIT/REGISTRATION/LICENSE NO.

REASON FOR THE DENIAL, SUSPENSION, OR REVOCATION

DISPOSITION

HAS THIS PERSON EVER BEEN CHARGED AND/OR CONVICTED OF AN OFFENSE THAT PERTAINED TO A LICENSE ISSUED BY THE VILLAGE OF ELBURN OR THE STATE OF ILLINOIS? YES NO
IF YES, COMPLETE THE FOLLOWING:

DATE OF THE OFFENSE	LOCATION OF THE OFFENSE

COURT DOCKET #	DISPOSITION

INVESTIGATING AGENCY	INVESTIGATING AGENCY REPORT #

EXPLANATION OF FACTS

HAS THIS PERSON EVER BEEN CHARGED AND/OR CONVICTED OF ANY OFFENSE OR ORDINANCE VIOLATION? YES NO

IF YES, WHAT WAS THE OFFENSE/VIOLATION?

DATE OF THE OFFENSE/VIOLATION	LOCATION OF THE OFFENSE/VIOLATION

COURT DOCKET #	DISPOSITION

INVESTIGATING AGENCY	INVESTIGATING AGENCY REPORT #

EXPLANATION OF FACTS

Owner #2

OWNER NAME (Last, first, middle initial)			
HOME ADDRESS	CITY	STATE	ZIP CODE

MAILING ADDRESS (if different)

PHONE#	EMAIL ADDRESS

DRIVER'S LICENSE NUMBER	STATE	DATE OF BIRTH	PLACE OF BIRTH

CITIZENSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF NO, PLEASE EXPLAIN:

TITLE/POSITION

LENGTH OF TIME THIS PERSON HAS BEEN IN A BUSINESS OF THIS TYPE

PREVIOUS ADDRESSES: (List all addresses this person has lived at for the past 10 years)

HOUSE# AND STREET	CITY, STATE, ZIP CODE	COUNTY

PREVIOUS EMPLOYERS: (List all previous employers this person has worked at for the past 10 years.)

BUSINESS NAME	CITY/STATE	COUNTY	PHONE#

DOES THIS OWNER HOLD A MASSAGE THERAPIST LICENSE IN THE STATE OF ILLINOIS OR EVER BEEN ISSUED A BODYWORKS LICENSE THROUGH THE STATE OF ILLINOIS? YES NO

IF YES, PROVIDE THE NAME, ADDRESS, LICENSE NUMBER, AND STATUS OF THE LICENSE OF THE BUSINESS. If additional space is needed, provide information on a separate sheet(s) in the same format as this application requires.

NAME OF BUSINESS	
ADDRESS (STREET ADDRESS, CITY, COUNTY, STATE, AND ZIP CODE)	
LICENSE NUMBER	STATUS OF LICENSE

NAME OF BUSINESS	
ADDRESS (STREET ADDRESS, CITY, COUNTY, STATE, AND ZIP CODE)	
LICENSE NUMBER	STATUS OF LICENSE

LIST OTHER BUSINESSES OWNED OR OPERATED BY THIS OWNER. If additional space is needed, provide information on a separate sheet(s) in the same format as this application requires.

NAME OF BUSINESS	
ADDRESS, CITY, COUNTY, STATE AND ZIP CODE	

NAME OF BUSINESS
ADDRESS, CITY, COUNTY, STATE, AND ZIP CODE

HAS THIS OWNER EVER BEEN ISSUED A BODYWORKS LICENSE IN ANY OTHER STATE? YES NO

IF YES, PROVIDE THE NAME AND ADDRESS OF THE BUSINESS. **If additional space is needed, provide information on a separate sheet(s) in the same format as this application requires.**

NAME OF BUSINESS	
ADDRESS, CITY, COUNTY, STATE, AND ZIP CODE	
LICENSE NUMBER	STATUS OF LICENSE

NAME OF BUSINESS	
ADDRESS, CITY, COUNTY, STATE, AND ZIP CODE	
LICENSE NUMBER	STATUS OF LICENSE

HAS THIS PERSON EVER HAD AN APPLICATION, PERMIT, REGISTRATION OR LICENSE DENIED, SUSPENDED OR REVOKED? YES NO

IF YES, PROVIDE THE DATE, CITY, STATE, PERMIT NO., REGISTRATION NO., LICENSE NO., REASON FOR AND DISPOSITION.

DATE	CITY AND STATE

PERMIT/REGISTRATION/LICENSE NO.

REASON FOR THE DENIAL, SUSPENSION, OR REVOCATION

DISPOSITION

HAS THIS PERSON EVER BEEN CHARGED AND/OR CONVICTED OF AN OFFENSE THAT PERTAINED TO A LICENSE ISSUED BY THE VILLAGE OF ELBURN OR THE STATE OF ILLINOIS? YES NO

IF YES, COMPLETE THE FOLLOWING:

DATE OF THE OFFENSE	LOCATION OF THE OFFENSE

COURT DOCKET #	DISPOSITION

INVESTIGATING AGENCY	INVESTIGATING AGENCY REPORT #

EXPLANATION OF FACTS

HAS THIS PERSON EVER BEEN CHARGED AND/OR CONVICTED OF ANY OFFENSE OR ORDINANCE VIOLATION? YES NO

IF YES, WHAT WAS THE OFFENSE/VIOLATION?

DATE OF THE OFFENSE/VIOLATION	LOCATION OF THE OFFENSE/VIOLATION

COURT DOCKET #	DISPOSITION

INVESTIGATING AGENCY	INVESTIGATING AGENCY REPORT #

EXPLANATION OF FACTS

Is there a manager at this business? YES NO If yes, please complete the following section:

6. MANAGER INFORMATION

A separate Manager Application must be completed for all managers listed in this application. Please contact the Clerk's Office for a copy of the manager's application.

Provide the Manager information for this business. If additional space is needed, provide information on a separate sheet(s) in the same format as this application requires. The Village Clerk's Office needs to be notified, immediately, of a manager change. NOTE: THE MANAGER MUST BE PRESENT ON THE LICENSED PREMISES AT LEAST THIRTY-FIVE (35) HOURS PER WEEK.

Manager #1

MANAGER'S NAME (Last, first, middle initial)

TITLE/POSITION

LENGTH OF TIME THIS PERSON HAS BEEN IN A BUSINESS OF THIS TYPE: _____

DOES THIS MANAGER HOLD A MESSAGE THERAPIST LICENSE THROUGH THE STATE OF ILLINOIS?
 YES NO

Manager #2

MANAGER'S NAME (Last, first, middle initial)

TITLE/POSITION

LENGTH OF TIME THIS PERSON HAS BEEN IN A BUSINESS OF THIS TYPE: _____

DOES THIS MANAGER HOLD A MESSAGE THERAPIST LICENSE THROUGH THE STATE OF ILLINOIS?
 YES NO

7. MASSAGE/BODYWORK THERAPIST INFORMATION

List all massage/bodyworks therapists. This list must be updated with the Village of Elburn within ten (10) days of any employment change. **If additional space is needed, provide information on a separate sheet(s) in the same format as this application requires.**

Therapist #1

THERAPIST NAME (Last, first, middle initial)			
HOME ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS (if different)			
PHONE#	EMAIL ADDRESS		
DRIVER'S LICENSE NUMBER/STATE	IDFPR LICENSE NUMBER		
DATE OF BIRTH	PLACE OF BIRTH		
TITLE/POSITION			
DESCRIPTION OF THE TYPE OF BODYWORK THAT WILL BE PRACTICED BY THIS PERSON			

Therapist #2

THERAPIST NAME (Last, first, middle initial)			
HOME ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS (if different)			
PHONE#	EMAIL ADDRESS		
DRIVER'S LICENSE NUMBER/STATE	IDFPR LICENSE NUMBER		

DATE OF BIRTH	PLACE OF BIRTH

TITLE/POSITION

DESCRIPTION OF THE TYPE OF BODYWORK THAT WILL BE PRACTICED BY THIS PERSON

Therapist #3

THERAPIST NAME (Last, first, middle initial)

HOME ADDRESS	CITY	STATE	ZIP CODE

MAILING ADDRESS (if different)

PHONE#	EMAIL ADDRESS

DRIVER'S LICENSE NUMBER	IDFPR LICENSE NUMBER

DATE OF BIRTH	PLACE OF BIRTH

TITLE/POSITION

DESCRIPTION OF THE TYPE OF BODYWORK THAT WILL BE PRACTICED BY THIS PERSON

Therapist #4

THERAPIST NAME (Last, first, middle initial)

HOME ADDRESS	CITY	STATE	ZIP CODE

MAILING ADDRESS (if different)

PHONE#	EMAIL ADDRESS

DRIVER'S LICENSE NUMBER/STATE	IDFPR LICENSE NUMBER

DATE OF BIRTH	PLACE OF BIRTH

TITLE/POSITION

DESCRIPTION OF THE TYPE OF BODYWORK THAT WILL BE PRACTICED BY THIS PERSON

Are there other employees that are not massage therapists working at this location? YES NO
 If yes, please complete the following section:

8. EMPLOYEE, AGENT, OR INDEPENDENT CONTRACTOR INFORMATION

List all other employees, agents or independent contractors that are not massage/bodyworks therapists. This list must be updated with the Village of Elburn within ten (10) days of any employment change. **If additional space is needed, provide information on a separate sheet(s) in the same format as this application requires.**

Other Employee #1

NAME (Last, first, middle initial)			
HOME ADDRESS	CITY	STATE	ZIP CODE

MAILING ADDRESS (if different)

PHONE#	EMAIL ADDRESS

DRIVER'S LICENSE NUMBER	STATE	DATE OF BIRTH	PLACE OF BIRTH

TITLE/POSITION

DESCRIPTION OF THE TYPE OF WORK THAT WILL BE PRACTICED BY THIS PERSON

Other Employee #2

NAME (Last, first, middle initial)			
HOME ADDRESS	CITY	STATE	ZIP CODE

MAILING ADDRESS (if different)

PHONE#	EMAIL ADDRESS

DRIVER'S LICENSE NUMBER	STATE	DATE OF BIRTH	PLACE OF BIRTH

TITLE/POSITION

DESCRIPTION OF THE TYPE OF WORK THAT WILL BE PRACTICED BY THIS PERSON

Other Employee #3

NAME (Last, first, middle initial)			
HOME ADDRESS	CITY	STATE	ZIP CODE

MAILING ADDRESS (if different)

PHONE#	EMAIL ADDRESS

DRIVER'S LICENSE NUMBER	STATE	DATE OF BIRTH	PLACE OF BIRTH

TITLE/POSITION

DESCRIPTION OF THE TYPE OF WORK THAT WILL BE PRACTICED BY THIS PERSON

Other Employee #4

NAME (Last, first, middle initial)			
HOME ADDRESS	CITY	STATE	ZIP CODE

MAILING ADDRESS (if different)

PHONE#	EMAIL ADDRESS

DRIVER'S LICENSE NUMBER	STATE	DATE OF BIRTH	PLACE OF BIRTH

TITLE/POSITION

DESCRIPTION OF THE TYPE OF WORK THAT WILL BE PRACTICED BY THIS PERSON

9. BUILDING/PROPERTY OWNER

If you lease your premises, the lease must cover the full term of the license. Provide the property owner’s name, business name, address, city, state, zip code, phone number and email address.

NOTE: YOU MUST PROVIDE A COPY OF THE LEASE IF YOU ARE LEASING THE PROPERTY.

Is the building owned by a company? YES NO

If yes, please complete the following section:

COMPANY NAME		
COMPANY ADDRESS		
CITY	STATE	ZIP CODE
PHONE NUMBER	EMAIL ADDRESS	

Does your business own the building? YES NO

BUILDING/PROPERTY OWNER’S BUSINESS NAME		
BUILDING/PROPERTY OWNER’S NAME		
BUILDING/PROPERTY OWNER’S ADDRESS		
CITY	STATE	ZIP CODE
BUILDING/PROPERTY OWNER’S PHONE NUMBER	BUILDING/PROPERTY OWNER’S EMAIL ADDRESS	

10. ELIGIBILITY QUESTIONS

Will the owner(s) and all others stated in this application familiarize yourself with all the laws of the United States, State of Illinois, and ordinances of the Village of Elburn, pertaining to bodywork establishment services, and abide by all of them? YES NO

Will the owner(s) and all others stated in this application familiarize yourself with all the laws of the United States, State of Illinois, Kane County, and ordinances of the Village of Elburn pertaining to the Human Trafficking Resource Center Notice Act? YES NO

Note: Every bodywork establishment shall post a Human Trafficking notice in accordance with 775 ILCS 50/5 (PA 100-0671). Notices must be visible by the public and employees.

Will the owner(s) and all others stated in this application maintain the entire premises in a clean and sanitary manner free from conditions that might cause accidents? YES NO

12. **SIGNATURE/TITLE/DATE**

Please sign and date the application and provide your title with the business. The application must be signed by an owner, officer, or partner. **The signature must be an original; stamped signatures will not be accepted.**

I UNDERSTAND ANY MISREPRESENTATIONS SUBMITTED MAY BE CAUSE FOR DENIAL AND REVOCATION OF THE LICENSE. THE UNDERSIGNED DOES HEREBY SWEAR OR AFFIRM, UNDER PENALTIES OF PERJURY, THAT ALL STATEMENTS IN THE FOREGOING APPLICATION ARE TRUE AND CORRECT; THEY ARE MADE UPON MY PERSONAL KNOWLEDGE AND INFORMATION AND THAT I HAVE PERSONALLY READ EACH AND EVERY QUESTION AND ANSWERED EACH AND EVERY QUESTION IN THIS APPLICATION; THEY ARE MADE FOR THE PURPOSE OF REQUESTING THE VILLAGE OF ELBURN TO ISSUE THE LICENSE HEREIN APPLIED FOR; AND THAT THE PERSON OR PERSONS APPLYING FOR SUCH LICENSE ARE ALL OF GOOD MORAL CHARACTER AND HAVE NOT BEEN CONVICTED OF A FELONY; THAT IF A LICENSE IS GRANTED HEREUNDER, THE UNDERSIGNED WILL REVIEW AND NOT VIOLATE ANY OF THE LAWS OF THE UNITED STATES OF AMERICA, THE STATE OF ILLINOIS, THE VILLAGE OF ELBURN, THE ILLINOIS LIQUOR CONTROL ACT, RULES AND REGULATIONS AND THE CIVIL RIGHTS SECTIONS THEREOF AND IS NOT DISQUALIFIED BY REASON OF ANY MATTER OR THING CONTAINED IN THIS DOCUMENT.

Further, I agree to notify the Village of Elburn and the Village of Elburn Bodyworks Commissioner of changes in any of the above information within ten (10) working days. In the event there has been a change of ownership a new application for a Bodyworks License must be completed.

PENALTY: Any person found liable/guilty by a preponderance of the evidence of a violation of Village Code, relating to this licensing, in an administrative/judicial hearing, shall be subject to a Class III fine, plus applicable hearing costs, as provided in subsection 852.17 (H) of this code.

Printed Name: _____
(Please Print Clearly)

Signature: _____
(Authorized Signature)

Title/Position: _____
(Please Print Clearly)

Date: _____



STATEMENT OF RECEIPT

I, _____, the undersigned have received a copy of Village Code Chapter 852; Bodywork Establishments and will review and not violate any of the Village of Elburn ordinances, rules, and regulations.

Printed Name: _____ Date: _____
(Please Print Clearly)

Signature: _____
(Authorized Signature)

Title/Position: _____
(Please Print Clearly)

CONSENT TO CONDUCT BACKGROUND CHECK

TO WHOM IT MAY CONCERN

I authorize and empower the Village of Elburn and its agents, employees, or representatives to obtain and use all information relating to my previous and current employment, education, military record, criminal conviction history, personal characteristics, credit history, and all other information which may bear favorably or unfavorably upon my application for a Bodyworks license made to the Village of Elburn. I further release from liability any person or persons providing or receiving any such information in connection with this pre-licensure investigation.

Upon written request I understand that said Police Department will provide me with information regarding the scope of the investigation if one was/is made.

Printed Name: _____

Address: _____

Signature: _____

Date: _____

APPLICATION FOR (LICENSE TYPE): _____

The applicant has reviewed the Village of Elburn Code of Ordinances and the State of Illinois Compiled Statutes and is not disqualified by reason of any matter or thing contained in either document.

STATE OF ILLINOIS)
) SS
KANE COUNTY)

_____ being first duly sworn deposes and says that he/she has read the above and foregoing Application, caused the answers to be provided thereto, and all of the information given by _____ on said Application is true and correct.

Signature of Applicant

Print Name

Subscribed and sworn to before me, this _____ day of _____, 20____

Notary Public

NOTE:

In the event Applicant is a partnership, the Application should be signed and sworn to in the same manner by all partners.

In the event Applicant is a corporation, the Application should be signed and sworn to by the officers and the local manager.

PRESENTED to the President and Board of Trustees of the Village of Elburn

this ____ day of _____, 20 ____.

APPROVED by the Board of Trustees of Elburn of the Village of Elburn, County of Kane,

State of Illinois, this ____ day of _____, 20 ____.

VOTE: Ayes _____

Nays _____

Reason for disapproval:

ATTEST:

Approved:

Village Clerk

Bodyworks Commissioner
President, Village of Elburn,
County of Kane, State of Illinois