

Massage Parlor Application

Approved _____ Denied _____

Permit # _____

Name of Business: _____

Address: _____

Contact Name: _____

Phone Number: _____ Email: _____

Please list the names of all business owners including any partners or members of the corporation:

Therapist 1 Information

Name: _____

License Number: _____

Have you ever been disciplined? ____Y ____N If yes, please explain _____

Residential Address for the past three (3) years:

Business Name and City of Employment for the last three (3) years: _____

Is therapist at least eighteen (18) years old? ____Y ____N Date of Birth: _____

Is therapist a U.S. Citizen or approved to work in the United States? ____Y ____N

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Driver's License Number: _____ Social Security Number: _____

Therapist 2 Information

Name: _____

License Number: _____

Have you ever been disciplined? ____Y ____N If yes, please explain _____

Residential Address for the past three (3) years:

Business Name and City of Employment for the last three (3) years: _____

Is therapist at least eighteen (18) years old? ____Y ____N Date of Birth: _____

Is therapist a U.S. Citizen or approved to work in the United States? ____Y ____N

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Driver's License Number: _____ Social Security Number: _____

Therapist 3 Information

Name: _____

License Number: _____

Have you ever been disciplined? ____Y ____N If yes, please explain _____

Residential Address for the past three (3) years:

Business Name and City of Employment for the last three (3) years: _____

Is therapist at least eighteen (18) years old? ____Y ____N Date of Birth: _____

Is therapist a U.S. Citizen or approved to work in the United States? ____Y ____N

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Driver's License Number: _____ Social Security Number: _____

Therapist 4 Information

Name: _____

License Number: _____

Have you ever been disciplined? ____Y ____N If yes, please explain _____

Residential Address for the past three (3) years:

Business Name and City of Employment for the last three (3) years: _____

Is therapist at least eighteen (18) years old? ____Y ____N Date of Birth: _____

Is therapist a U.S. Citizen or approved to work in the United States? ____Y ____N

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Driver's License Number: _____ Social Security Number: _____

INSTRUCTIONS

Once the application is complete:

1. Go to [Hire Image Background Screening](https://cityofmarionil.quickapp.pro/positions) and complete a background check for **each** therapist. You can click on the hyperlink if you have received this document electronically. If not, you will need to go to the following site: **<https://cityofmarionil.quickapp.pro/positions>**
2. Return the following to the City Clerk's office located at 1102 Tower Square Plaza, Marion, Illinois:
 - Completed Application
 - Copy of Liability Insurance
 - Non-Refundable Filing Fee of \$100.00 (Cash, Check or Credit Card)
3. All therapists listed must be present and provide a copy of their state issued license as well as their government issued ID.