



# Village of Round Lake Community Development

442 North Cedar Lake Road, Round Lake, IL 60073  
847-546-5400 Fax 847-546-1872  
www.eroundlake.com

## APPLYING FOR A MASSAGE PARLOR LICENSE

### SELECT A SITE AND CHECK THE ZONING

To begin the process please complete and return a Zoning Compliance Application. The application will be reviewed for zoning and land use regulations. Upon approval, the Business License Application and supporting documentation may be submitted for processing. If the proposed business is a Special Use, additional time must be allowed for the Special Use approval process prior to seeking other approvals.

### SUBMITTAL

All items are required at time of application submittal. Incomplete applications will not be accepted.

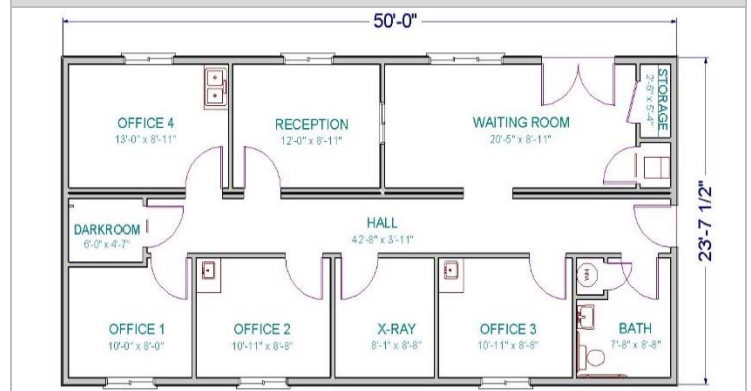
- Completed Business License Application;
- Federal Employer Identification Number (FEIN); (not required for Sole Proprietors)
- Copy of Sales Tax Certificate/ Retailers Tax;
- For Corporations and LLCs, Copy of Articles of Incorporation;
- For Sole Proprietors, Assumed Business Name Certificate from Lake County;
- For Partnerships, copy of partnership agreement;
- Copy of a current State of Illinois Issued ID for each employee engaged in the practice of massage, each owner and employee;
- Copy of completed background Screening Authorization for each owner/officer having five percent or more interest in the business.
- Proposed Floor Plan.

### FLOOR PLAN

Floor plans (can be drawn by hand) must include the following;

- a. Labels and dimensions for all rooms;
- b. Locations of:
  - Counters
  - Plumbing Fixtures
  - Desks
  - Security Cameras
  - Doorways
  - Shelves
  - Emergency Exits
  - Tables
  - Fire Alarms
  - Windows
  - Fire Extinguishers

### SAMPLE FLOOR PLAN



### APPLY FOR A BUILDING/SIGN PERMIT

If you are doing any remodeling or installing a sign you must obtain a building permit. Please contact the Building Department at (847)546-0963 to apply for the necessary permits.

### BUSINESS OCCUPANCY INSPECTION

Your Floor Plan will be reviewed and the Building Department will contact you to schedule a Business Occupancy Inspection. The Building Inspector and Fire Marshal will conduct a thorough inspection to ensure the building meets the current code standards. Business license will not be issued until inspection approval has been given.

### GRAND OPENING

Please notify the Village Clerk and/or the Deputy Clerk of the date and time of your Grand Opening Event. Depending on availability, Village Officials will gladly attend.



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## BUSINESS ZONING COMPLIANCE

CHANGE OF LOCATION       NEW BUSINESS       STATE-LICENSED BUSINESS

### BUSINESS INFORMATION

BUSINESS NAME (DBA): \_\_\_\_\_

PROPOSED ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

BUSINESS FAX: \_\_\_\_\_

CURRENT USE: \_\_\_\_\_

PROPOSED USE: \_\_\_\_\_

UNIT SQUARE FOOTAGE: \_\_\_\_\_

NUMBER OF EMPLOYEES: \_\_\_\_\_

OUTDOOR SEATING AREA:     YES     NO

### BUSINESS OWNER INFORMATION

OWNER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

### DESCRIPTION OF BUSINESS/SERVICES (BE SPECIFIC, USE ADDITIONAL PAGE WHERE NEEDED)

### PARKING DESCRIPTION

WILL TRUCKS/EQUIPMENT BE PARKED ON SITE? \_\_\_\_\_

NUMBER OF DEDICATED PARKING SPACES ON SITE FOR YOUR SPACE? \_\_\_\_\_

NUMBER OF PARKING SPACES SHARED WITH OTHER BUSINESSES? \_\_\_\_\_

I HAVE READ THIS APPLICATION AND ANSWERED ALL QUESTIONS FULLY. THE INFORMATION I HAVE SUBMITTED IN THIS APPLICATION IS COMPLETE AND TRUTHFUL TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

### FOR OFFICE USE

#### ZONING SUMMARY

Permitted Use

Not a Permitted Use

Special Use Required

Special Use Received \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Zoning Classification: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Zoning Administrator*



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## MESSAGE PARLOR LICENSE APPLICATION

### BUSINESS OWNER INFORMATION

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

FAX:

EMAIL ADDRESS:

### BUSINESS INFORMATION

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

FAX:

WEBSITE:

BUSINESS EMAIL:

FEIN:

IL BUSINESS TAX NUMBER (IBT):

### PROPERTY OWNER INFORMATION

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

FAX:

EMAIL ADDRESS:

### COMMUNICATION

I WOULD LIKE TO HAVE MY BUSINESS NAME AND CONTACT INFORMATION PUBLISHED ON THE LOCAL BUSINESS DIRECTORY ON THE VILLAGE'S WEBSITE.

### TYPE OF BUSINESS ENTITY

CORPORATION

LIMITED LIABILITY COMPANY

PARTNERSHIP

SOLE PROPRIETOR

NON-FOR PROFIT

OTHER:

### FOR SOLE PROPRIETORS

ASSUMED BUSINESS CERTIFICATE FROM LAKE COUNTY ATTACHED

YES

**FOR PARTNERSHIPS**

DATE OF FORMATION:

PARTNERSHIP AGREEMENT ATTACHED  YES

APPLICANT INFORMATION PAGE COMPLETED AND ATTACHED FOR EACH PARTNER  YES

**FOR CORPORATIONS**

NAME OF CORPORATION/ LLC:

DATE OF INCORPORATION:

ARTICLES OF INCORPORATIONS DEPICTING THE NAMES OF ALL STOCKHOLDERS, OFFICERS, DIRECTORS AND THEIR POSITIONS IS ATTACHED.  YES

**COIN OPERATED MACHINE SUMMARY**

	<b>MACHINE COUNT</b>	<b>PRICE</b>	<b>TOTAL</b>
AMUSEMENT DEVICE (I.E. BILLIARD TABLES, DARTS)	#	(\$35 EACH)	\$
MUSIC DEVICE (JUKE BOX)	#	(\$25 EACH)	\$
TOBACCO VENDING	#	(\$20 EACH)	\$
VENDING (I.E. FOOD/BEVERAGE, VACUUM/AIR, GUMBALL)	#	(\$10 EACH)	\$
<b>GRAND TOTAL</b>			\$

**ACKNOWLEDGEMENTS**

A permit is required for parking lot sealing/restripping. **Initial to acknowledge:**

A permit is required for permanent & temporary signs (including banners, etc). **Initial to acknowledge:**

Outdoor storage may not permitted; dumpsters shall be within enclosures. **Initial to acknowledge:**

**APPLICANT BACKGROUND INFORMATION**

HAS THE APPLICANT EVER BEEN OWNER OR PARTICIPATED IN A SIMILAR BUSINESS?  YES

**IF YES, LIST CITY, STATE AND DATE OF ISSUANCE:**

HAS THE APPLICANT EVER HAD ANY SIMILAR LICENSE SUSPENDED OR REVOKED?  YES  NO

**IF YES, PROVIDE A DETAILED EXPLANATION AND LIST CITY, STATE AND DATE OF ISSUANCE:**

ATTACHED A COPY OF THE CURRENT MESSAGE THERAPIST LICENSE ISSUED BY THE STATE OF ILLINOIS FOR EACH EMPLOYEE ENGAGED IN THE PRACTICE OF MESSAGE AT THIS ESTABLISHMENT:  YES

ATTACHED A COPY OF THE CURRENT STATE OF ILLINOIS ISSUED ID FOR EACH EMPLOYEE ENGAGED IN THE PRACTICE OF MASSAGE AT THIS ESTABLISHMENT (PLEASE LIST CURRENT PHONE NUMBER FOR EACH MASSAGE THERAPIST):  YES

ATTACHED A COPY OF THE CURRENT STATE OF ILLINOIS ISSUED ID FOR OWNER AND ANY OTHER EMPLOYEES AT THIS ESTABLISHMENT (PLEASE LIST CURRENT PHONE NUMBER FOR EACH OWNER/ EMPLOYEE):  YES

ATTACHED A COPY OF THE COMPLETED AUTHORIZATION FOR BACKGROUND SCREENING FOR EACH OWNER AND/OR OFFICER HAVING FIVE (5) PERCENT OR MORE INTEREST IN THE BUSINESS.  YES

I UNDERSTAND THE ISSUANCE OF THIS LICENSE IS CONDITIONAL UPON COMPLIANCE WITH ALL VILLAGE CODES AND ORDINANCES, STATE AND FEDERAL LAW, AND THE RESULTS OF ANY INSPECTIONS REQUIRED BY ORDINANCE AT THIS TIME AND ANY FURTHER INSPECTIONS WHILE THIS LICENSE IS IN FORCE. I HAVE READ THIS APPLICATION AND ANSWERED ALL QUESTIONS FULLY. THE INFORMATION I HAVE SUBMITTED IN THIS APPLICATION IS COMPLETE AND TRUTHFUL TO THE BEST OF MY KNOWLEDGE.

*SIGNATURE OF APPLICANT*

*DATE*

**FOR OFFICE USE**

COMPLETED APPLICATION	_____	_____	ZONING APPROVAL
STATE ISSUED IDS	_____	_____	BLDG DEPT APPROVAL
MASSAGE THERAPY LICENSE(S)	_____	_____	FIRE DEPT APPROVAL
BACKGROUND INVESTIGATION	_____		
<b>TOTAL LICENSE FEE:</b>	\$ _____		



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## **BUSINESS PLAN**

The purpose of the Business Plan is to allow our various departments to get familiarized with your business and future development. Please type or print.

If starting a new business, please provide an introduction of yourself and any co-applicant(s) with an introduction of the type of business that is being proposed including the goal(s), and short-term objections.

If currently in business and expanding or re-locating to Round Lake, provide a brief history of the company and the impact it has had in other communities.

How will your business benefit our Village?

How do you plan to market your business?