



MASSAGE ESTABLISHMENT LICENSE APPLICATION

Moline Code of Ordinance 9-6103

www.moline.il.us

LICENSE FEE: \$50.00

(Non-Refundable)

Owner's Name: _____ D.O.B _____

If partnership or corporation, include names and resident addresses of all partners, officers, directors and the name of its resident agent for purpose of service. Please attach a sheet listing this information.

Owner Address: _____
Street City/State/Zip

Owner Phone #: _____ Email Address: _____

Business Name: _____

Business Address: _____
Street City/State/Zip

Proposed Hours of Operation: _____

Names of all therapists and employees and their exact duties. Proof of license per person required.

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____
- 8) _____
- 9) _____
- 10) _____

Description of all services to be performed: _____

Manager's Name: _____

Manager's Home Address: _____

Manager's Home Telephone: _____

Have you, your partners, or your manager ever been convicted of a felony? _____ If yes, please explain. _____

Have you, your partners, or your manager ever been charged with a crime? _____ If yes, please explain:

Annual Due Date: May 1st

I hereby verify that the information on this application is true and accurate, under penalty of perjury as set forth in 735 ILCS 5/1-109

SIGNED _____ **DATE** _____

Please return signed form along with remittance to: City of Moline
1630 8th Avenue
Moline, IL 61265
309-524-2070

REVIEW PROCESS:

Zoning Officer: _____

Date: _____

Health Officer: _____

Date: _____



CITY OF MOLINE
BACKGROUND INVESTIGATION
RELEASE OF PERSONAL INFORMATION

I, _____, am applying for (circle one- Liquor Body Art Massage License) and do hereby authorize a review of and full Disclosure of all records concerning myself to any duly authorized agent of the Moline Police Department, whether the said records are of public, private or confidential nature.

I authorize to be photographed and fingerprinted by the Moline Police Department, said fingerprinting will be used in connection with obtaining my criminal history information from the Illinois Department of State Police pursuant to the Illinois Uniform Conviction Information Act (20 ILCS 2635/1 *et seq.*) and amendments thereto. The Moline Police Department will provide a copy of my criminal history results pursuant to the Illinois Uniform Conviction Information Act (20 ILCS 2635/7-A2 *et seq.*) and within 7 working days of receiving a copy, I shall have the obligation and responsibility to notify the Moline Police Department if the information is inaccurate or incomplete.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for application. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information. I further release the City of Moline from any and all liability, which may be incurred as a result of collecting such information.

I hereby swear/affirm that all information in or supplementing this application is complete, true and accurate to the best of my knowledge. I understand that providing false, misleading or incomplete information on this application is grounds for my license revocation if discovered subsequent to licensing.

A photocopy of this release form will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature. I have read and fully understand the contents of this "Background Investigation Release of Personal Information."

Applicant Information			
Name	Click or tap here to enter text.	Date of Birth:	Click or tap here to enter text.
Address	Click or tap here to enter text.	Phone #	Click or tap here to enter text.
Signature	_____	Date	Click or tap to enter a date.

APPLICANT CRIMINAL HISTORY QUESTIONS



The City of Moline may disqualify individuals during the background check investigation if: a person is not of good character and reputation in the community in which such person resides, a person is not a citizen of the United States: a person who has been convicted of a felony under any federal or state law, a person who has been convicted of any crime or misdemeanor involving moral turpitude, unless the local liquor control commissioner determines that such person has been sufficiently rehabilitated to warrant the public trust after considering matters set forth in such person's application and the commissioner's investigation, the burden of proof of sufficient rehabilitation shall be on the applicant.

The applicant must answer if they have either been charged or convicted of the following criminal offenses listed below:

Criminal Offense	YES	NO	Criminal Offense	YES	NO
First or Second Degree Murder	<input type="checkbox"/>	<input type="checkbox"/>	Indecent Solicitation of a Child	<input type="checkbox"/>	<input type="checkbox"/>
Treason	<input type="checkbox"/>	<input type="checkbox"/>	Sexual Exploitation of a Child	<input type="checkbox"/>	<input type="checkbox"/>
Aggravated Battery	<input type="checkbox"/>	<input type="checkbox"/>	Soliciting for a Prostitute	<input type="checkbox"/>	<input type="checkbox"/>
Aggravated Arson or Arson	<input type="checkbox"/>	<input type="checkbox"/>	Keeping a Place of Prostitution	<input type="checkbox"/>	<input type="checkbox"/>
Robbery	<input type="checkbox"/>	<input type="checkbox"/>	Prostitution	<input type="checkbox"/>	<input type="checkbox"/>
Burglary or Residential Burglary	<input type="checkbox"/>	<input type="checkbox"/>	Patronizing a Prostitute	<input type="checkbox"/>	<input type="checkbox"/>
Aggravated Kidnapping or Kidnapping	<input type="checkbox"/>	<input type="checkbox"/>	Pimping	<input type="checkbox"/>	<input type="checkbox"/>
Aggravated Assault	<input type="checkbox"/>	<input type="checkbox"/>	Aiding Escape	<input type="checkbox"/>	<input type="checkbox"/>
Criminal Sexual Abuse	<input type="checkbox"/>	<input type="checkbox"/>	Offering a Bribe	<input type="checkbox"/>	<input type="checkbox"/>
Aggravated Criminal Sexual Assault	<input type="checkbox"/>	<input type="checkbox"/>	Simulating Legal Process	<input type="checkbox"/>	<input type="checkbox"/>
Criminal Sexual Assault	<input type="checkbox"/>	<input type="checkbox"/>	Deceptive Practices	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Battery	<input type="checkbox"/>	<input type="checkbox"/>	Theft (Misdemeanor or Felony)	<input type="checkbox"/>	<input type="checkbox"/>
Impersonation of Police Officer, Veterans or any Charitable Organizations				<input type="checkbox"/>	<input type="checkbox"/>
Resisting or Obstructing a Peace Officer or Correctional Institution Employee				<input type="checkbox"/>	<input type="checkbox"/>
Escape; Failure to Report to a Penal Institution or to Report for Periodic Imprisonment				<input type="checkbox"/>	<input type="checkbox"/>
Harassment of Representatives for the Child, Jurors, Witnesses, or Others				<input type="checkbox"/>	<input type="checkbox"/>
Delivery or Possession of any Narcotics/ Dangerous Drug				<input type="checkbox"/>	<input type="checkbox"/>
Manufacture or Delivery of Cannabis				<input type="checkbox"/>	<input type="checkbox"/>
Delivery of Cannabis on School Grounds				<input type="checkbox"/>	<input type="checkbox"/>
Any gambling offense as prescribed by 720 ILCS 5/28-1 through 720 ILCS 5/28-9				<input type="checkbox"/>	<input type="checkbox"/>
Any felony crime which involves the use or threat of physical force or violence against any individual.				<input type="checkbox"/>	<input type="checkbox"/>
A misdemeanor or licensing ordinance violation from any jurisdiction, based upon conduct related to the business for which the business license was applied.				<input type="checkbox"/>	<input type="checkbox"/>

Applicant signature: _____ **Date:** _____