

**MAYOR**  
Keith Pekau

**VILLAGE CLERK**  
John C. Mehalek

15100 S. Ravinia Avenue  
Orland Park, IL 60462  
708.349.4111  
OrlandPark.org



**DEPARTMENT OF POLICE**

Timothy J. McCarthy  
Chief of Police

**TRUSTEES**

Kathleen M. Fenton  
James V. Dodge  
Patricia A. Gira  
Carole Griffin Ruzich  
Daniel T. Calandriello  
Michael F. Carroll

**Village of Orland Park  
Business Owner's Screening  
Application for Massage Establishment  
(Application must be accompanied by a non-refundable \$100.00 screening fee)**

**General Information:** If the applicant is a corporation or limited liability company, this application must include the names and addresses of each owner, officer, director of said corporation or company, to include persons owning more than ten percent (10%) of the stock of the corporation or company. Included must be the addresses of the corporation or company itself if it is different from the actual address of the massage establishment. If the applicant is a partnership, the names and addresses of each of the partners including limited partners, and the address of the partnership itself, if different from address of the massage establishment. The applicant must provide residential addresses for the past 10 years, and any and all massage business addresses for a period of the past ten years. The applicant will also be required to provide three personal references, name, address, and contact number.

**REQUIRED INFORMATION: 7-14-3: APPLICATION FOR MASSAGE ESTABLISHMENT BUSINESS LICENSE:**

Every applicant for a license to maintain, operate, or conduct a massage establishment shall file an application under oath with the Village of Orland Park upon a form provided by the Village Clerk and pay a nonrefundable annual license fee, which shall be \$100.00 for the initial year, or part thereof, of operation, and \$25.00 for each subsequent year in which none of the information provided on the license application has changed. Copies of the Massage Establishment Business License application shall within five (5) days also be referred to the Building Inspector and the Health Inspector. They shall within thirty (30) days inspect the premises proposed to be operated as a massage establishment and shall make written verification to the Village Clerk concerning compliance with the codes and ordinances of the Village of Orland Park that they administer. The application, once accepted, shall also be referred to the Police Department for investigation of the applicant's character and qualification. The Police Department will perform the required criminal record check. Background investigations shall require the submission of fingerprints with the cost of the criminal record check (\$100.00) and cost of fingerprint submissions (\$50.00) to be borne by the applicant. Each application shall contain the following information:

- (a) A definition of service to be provided.
- (b) The location, mailing address and all telephone numbers where the business is to be conducted.

(c) The name and residence address of each applicant [hereinafter all provisions which refer to applicant include an applicant which may be a corporation, limited liability company or partnership].

(1) If applicant is a corporation or limited liability company, the names and residence addresses of each of the officers and directors of said corporation or company and of each stockholder owning more than ten percent (10%) of the stock of the corporation or company, and the address of the corporation or company itself, if different from the address of the massage establishment.

(2) If applicant is a partnership, the names and residence addresses of each of the partners including limited partners, and the address of the partnership itself, if different from the address of the massage establishment.

(d) The two (2) previous addresses immediately prior to the present address of the applicant.

(e) Proof that the applicant is a least eighteen (18) years of age.

(f) Individual or partnership applicant's height, weight, color of eyes, hair and sex.

(g) Copy of identification such as driver's license and social security card.

(h) One portrait photograph of the applicant at least two (2) inches by two (2) inches and a complete set of applicant's fingerprints shall be taken by the Chief of Police or his agent. If the applicant is a partnership, limited liability company, or corporation, the Chief of Police shall have the right to require fingerprints of any and all officers, shareholders, directors, partners, members, managers or agents of the entity with the \$50.00 fee for each to be paid by the applicant.

(i) Business, occupation, or employment of the applicant for the three (3) years immediately preceding the date of application.

(j) The massage or similar business license history of the applicant; whether such person, in previously operating in this or another Village or State, has had a business license revoked or suspended, the reason therefore, and the business activity or occupation subsequent to such action of suspension or revocation.

(k) All criminal convictions other than misdemeanor traffic violations, including the dates of convictions, nature of the crimes and place convicted.

(l) The name and address of each massage therapist who is or will be employed in said establishment, including a copy of their respective licenses as issued by the State Department of Professional Regulation.

(m) The name and address of any massage business or other establishment owned or operated by any person whose name is required to be given in Subsection (C) wherein the business or profession of massage is carried on.

(n) A description of any other business to be operated on the same premises or on adjoining premises owned or controlled by the applicant.

(o) Authorization of the Village, its agents and employees to seek information and conduct an investigation into the truth of the statements set forth in the application and the qualifications of the applicant for the permit.

(p) Such other identification and information necessary to discover the truth of the matters hereinbefore specified as required to be set forth in the application.

(q) The names, current addresses and written statements of at least three (3) bonafide permanent residents of the United States that the applicant is of good moral character. If the applicant is able, the statement must first be furnished from residents of the Village, then the County, then the State of Illinois and lastly from the rest of the United States. These references must be persons other than relatives and business associates.

Upon the completion of the above provided form and the furnishing of all foregoing information the Village Clerk shall accept the application for the necessary investigations. The holder of a massage establishment license shall notify the Village Clerk of each change in any of the data required to be furnished by this Section within ten (10) days after such change occurs.

Also required are any and all current addresses and contact numbers of references of bonafide, permanent residents of the United States. **These references must be persons that are not related or business associates.** A release of information form must be signed by the applicant.

I hereby certify that the information provided is true and accurate. I further authorize the Village of Orland Park, its agents and employees to seek information and conduct an investigation into the truth of the statements set forth in the application and qualifications of the application for business license in the Village of Orland Park. If awarded a massage establishment license, I will notify the Village Manager's Office of any ownership change of the business within ten (10) days of such sale.

**Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant type:** (check one) Individual \_\_\_\_\_ Partnership \_\_\_\_\_  
Corporation \_\_\_\_\_ LLC \_\_\_\_\_

**Definition of services to be provided** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Address of Proposed Establishment:**  
\_\_\_\_\_

**All Phone Numbers of Establishment:** \_\_\_\_\_  
\_\_\_\_\_

**Name and address of any and all massage businesses or other establishment owned or operated by any person whose name is included in the application on this form wherein any massage business or professional massage activity is or was carried on.**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Description of any other type of business that may operate on the same premises or on adjoining premises owned or controlled by the applicant:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Message or similar business license history of the applicant: whether such person, in previously operating in this or another Village, City, or State, has had a business license revoked and or suspended, the reason for the revocation and or suspension, and the business activity or occupation subsequent to such action of revocation and or suspension.**

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**All criminal convictions other than misdemeanor traffic violations, including the dates of conviction, State and County of conviction, and the nature of the crimes:**

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**List all Individual or Partnership Applicants:**

Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ Date of birth \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ Date of birth \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ Date of birth \_\_\_\_\_

Social Security Number: \_\_\_\_\_

If the business is a corporation, or limited liability company, the following needs to be provided for each officer, director, or stockholder who owns more than 10% of the corporation or company.

Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Ownership interest: \_\_\_\_\_

Address: (current) \_\_\_\_\_

Prior residences in past ten years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Drivers License Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Ownership interest: \_\_\_\_\_

Address: (current) \_\_\_\_\_

Prior residences in past ten years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Drivers License Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Ownership interest: \_\_\_\_\_

Address: (current) \_\_\_\_\_

Prior residences in past ten years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Drivers License Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**Ownership interest:** \_\_\_\_\_

**Address: (current)** \_\_\_\_\_

**Prior residences in past ten years:**

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**Drivers License Number:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**Ownership interest:** \_\_\_\_\_

**Address: (current)** \_\_\_\_\_

**Prior residences in past ten years:**

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**Drivers License Number:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**Ownership interest:** \_\_\_\_\_

**Address: (current)** \_\_\_\_\_

**Prior residences in past ten years:**

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**Drivers License Number:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_



# MESSAGE LICENSE APPLICATION ORLAND PARK POLICE DEPARTMENT



Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Email Address) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Home/Cell Phone# \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Place of Birth \_\_\_\_\_ Citizen/Naturalized \_\_\_\_\_ Naturalization # \_\_\_\_\_  
 / / \_\_\_\_\_ Yes  No

Place and date of Naturalization: \_\_\_\_\_

Social Security Number \_\_\_\_\_ Driver's License Number \_\_\_\_\_ State of Issue \_\_\_\_\_

Marital Status

Single  Married  Divorced  Widowed

Name of Spouse (Maiden Name of Wife) \_\_\_\_\_

Residence for past ten years (current address first)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT

Place of Employment/Address	Dates of Employment	Title/Position	Immediate Supervisor & Telephone #
Place of Employment/ Address	Dates of Employment	Title/Position	Immediate Supervisor & Telephone #
Place of Employment/ Address	Dates of Employment	Title/Position	Immediate Supervisor & Telephone #
Place of Employment/ Address	Dates of Employment	Title/Position	Immediate Supervisor & Telephone #



**REFERENCES (Non-Relative known for not less than 3 years)**

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Name (Last)	(First)	(M.I.)	Phone Number & Email Address
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Address	City	State	Occupation/Title
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Name (Last)	(First)	(M.I.)	Phone Number & Email Address
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Address	City	State	Occupation/Title
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Name (Last)	(First)	(M.I.)	Phone Number & Email Address
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Address	City	State	Occupation/Title
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Name of Business for which License will Apply	Phone #
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Address of the Business Location

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Name and Address of Lessor or Proof of Ownership of Address

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Agents Name and Address	Length of Lease
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**Other Licenses Held By Corporation or LLC**

	License #	Address
	License #	Address
	License #	Address

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**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION FOR USE BY AUTHORIZED PERSONNEL OF THE ORLAND PARK POLICE DEPARTMENT**

I, \_\_\_\_\_, do hereby authorize a review and full disclosure of all records concerning myself to a duly authorized agent of the Orland Park Police Department whether the said records are public, private, or confidential in nature.

The intent of this authorization is to give my consent for full and complete disclosure of criminal arrest records, employment records, and the records and recollections of attorneys at law, or the counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

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 of authorization will be considered in determining my suitability to act as an owner/manager for a massage establishment licensee by the Village of Orland Park. 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 the release of collection of such information.

I also understand this authorization to furnish information is executed in consideration of the processing of my application pending before the Village Manager of Orland Park.

A photocopy of this release will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of this "Authorization for Release of Personal Information."

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature (include maiden name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address  
Date of \_\_\_\_\_