



Development Services Department
14700 Ravinia Avenue • Orland Park, IL 60462
708-403-5300 • www.orlandpark.org

Application for Massage Establishment

Application must be accompanied by a non-refundable \$275.00 application fee

IF THIS INFORMATION IS NOT COMPLETE AND TYPED, THIS APPLICATION WILL BE REJECTED.

Business Information

| | | |
|---|-----------------|------------|
| Legal Business Name: | | |
| Doing Business As (d/b/a): | | |
| Orland Park Address: | Unit/Suite: | Zip: |
| Business Phone: | Onsite Contact: | |
| Email (invoices will be sent here): | | |
| Mailing Address | Address: | Apt/Suite: |
| | City/State/Zip: | |
| After hours Contact Name & Phone #: | | |
| Business Days and Hours of Operation: | | |
| General Description of Services to be Provided: | | |
| | | |
| Secondary Health or Beauty Therapy Service provided (required) | | |
| This Business Location is: <input type="checkbox"/> New <input type="checkbox"/> Already Open Change of: <input type="checkbox"/> Ownership <input type="checkbox"/> Name <input type="checkbox"/> Use | | |

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Business Ownership ☐Individual ☐Partnership ☐LLC ☐LTD ☐Corporation

*If **Individual**, list Owner only.

*If **Partnership**, list all Owners.

*If **LLC**, list all

Members.

*If **Privately Held Corporation, Partnership, or Association**, list all Principal Officers.

*If **Publicly Held Corporation**, list President, Vice President, Secretary, & Treasurer.

| | | |
|---------------------|---------------------|----------------|
| Legal Name: | Title: | % of Ownership |
| Email: | Date of Birth: | |
| Home Address: | | |
| Home City/State/Zip | | |
| Cell Phone: | Driver's License #: | |

| | | |
|---------------------|---------------------|----------------|
| Legal Name: | Title: | % of Ownership |
| Email: | Date of Birth: | |
| Home Address: | | |
| Home City/State/Zip | | |
| Cell Phone: | Driver's License #: | |

If there are additional partners or principals attach their above information on a separate sheet.

APPLICABLE VILLAGE CODES

This license is granted on the express condition that the said commercial business shall, in all respects, conform to all Ordinances of this jurisdiction including the Land Development Code, regulating the occupancy and use of buildings, and may be revoked at any time upon violation of any provision of said ordinances.

ANNUAL LICENSE INSPECTIONS

It is agreed that authorized inspections will be allowed as prescribed by ordinance.

MASSAGE SERVICES

Any business offering massage services must first apply with the Orland Park Police Department for a background check, upon approval, an application for occupancy/license to operate can be filed with the Development Services Department.

FALSIFICATION OF INFORMATION

Any misrepresentation or falsification of the information sought below may result in revocation of the license as granted and fines may be applicable. For more information or questions, please call the Development Services Department.

A BUSINESS MAY BE REQUIRED TO CARRY MULTIPLE LICENSES

I understand the issuance of this license is conditional upon compliance with all Village 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.

| | | | |
|---|---------------------|--|--|
| <p>I have read this application and answered all questions completely and truthfully to the best of my knowledge.</p> <p>The undersigned hereby applies to the Development Services Department of the Village of Orland Park, IL for a permit to occupy the structure or part thereof herein described and a license to operate a commercial activity in the Village, and if granted the permit and license applied for, I will comply with all requirements of the village ordinances relating thereto and pay the fees required by such ordinances. I have read and understand terms, conditions and requirements listed in this application.</p> | | | |
| <p>Owner</p> <p>Printed name: _____</p> <p>Signature: _____</p> <p>Date: _____</p> | | | <p><input type="checkbox"/> Business</p> <p><input type="checkbox"/> Legal Agent</p> |
| <p>Village Use</p> <p>4/7/2023</p> | <p>Reviewed By:</p> | <p><input type="checkbox"/> Fee Exempt –</p> <p>Classification _____</p> | <p>BL-</p> |

This information will be kept confidential to the extent permitted by law.

Any required fees or monies owed by the applicant to the Village must be paid as a condition of approval.