

**CITY OF HARVARD
 MESSAGE THERAPIST LICENSE APPLICATION
 FISCAL YEAR _____**

TOTAL LICENSE FEE \$50

State License Number & Expiration Date		Renewals, list current City of Harvard License #		
Business Name		Business Phone		
Business Address		City	State	Zip
EIN		Illinois Business Tax No./Expiration Date		
Previous Business Names and Addresses				
Provide statement as to nature and character of advertising done or proposed in order to attract customers.				
Owner's Legal Name		Home Address	City	State Zip
Social Security No.		Driver's License or State ID No.		
Date of Birth	Place of Birth	Citizenship		
 	 	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Naturalized Citizen*		
*If Naturalized Citizen, MUST attach a copy of Certificate of Naturalization				
Home Phone		Cell Phone	Primary E-Mail	
If less than two years at current address, list previous address:				
Have you ever been convicted of a criminal offense or local ordinance?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe offense and penalties assessed:				
Have you previously submitted an application to the City for a similar license?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when and disposition of same:				
Has any previous license by the City or any jurisdiction ever been suspended or revoked?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of any provision of the City's Massage Therapist Ordinance or any statute or ordinance of any jurisdiction regulating Massage Therapists? If yes, list date and place of conviction:				<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever been convicted of a felony or any crime involving moral turpitude under the laws of any jurisdiction? If yes, date and place of conviction:

Yes No

I, the undersigned applicant or authorized agent thereof, swear or affirm that: the matters stated in the foregoing application are true and correct. They are made upon my personal knowledge and information; they are made for the purpose of requesting the City of Harvard to issue the license herein applied for; the applicant is qualified and eligible to obtain the license applied for; and the applicant will not violate any of the laws of the City of Harvard, the United States of America, or the State of Illinois, in particular 21.05, Massage Establishments and Services, of the City of Harvard Municipal Code Book. I have never been convicted of a felony and am not disqualified to receive a license by reason of any matter or thing contained in Section 21.05, Massage Establishments and Services, the laws of the state or the ordinances of the City. I hereby authorize the City of Harvard to conduct a background check.

Further, I agree to notify the City of Harvard within 30 working days of changes in any of the above information.

Signature of Applicant

Upon submittal of an initial application for a Massage Therapist License:

1. Applicant shall furnish a copy of Driver's License or State Issued Id Card.
2. Applicant shall furnish (2) front faced portrait photographs taken within 30 days of the date of application and at least two inches by two inches in size;
3. Applicant shall furnish a copy of a diploma, certificate or other written proof of graduation from a recognized school where the theory, method, profession or work of massage is taught;
4. Applicant shall furnish a written statement from a licensed physician in the state that he/she has examined the applicant and believes the applicant to be free of all communicable diseases.

PAYMENT OPTIONS:

1. Mail completed form with payment to:
2. Attn: City Treasurer
3. CITY OF HARVARD
4. P.O. Box 310
5. Harvard, IL. 60033

OR:

Payments may be made online via **Credit or Debit Card** as follows:

1. Complete fillable form above
2. Print Form
3. Choose the PayGov link on our Home Page
4. Choose drop down arrow in the City of Harvard: **Licenses**
5. Choose **Miscellaneous** and proceed with payment information
6. Print payment receipt and mail in with completed form to the address above
OR scan form and receipt and email to bookkeeper@cityofharvard.org