

**CITY OF HARVARD  
 MASSAGE THERAPIST LICENSE APPLICATION  
 FISCAL YEAR \_\_\_\_\_**

**TOTAL LICENSE FEE \$50**

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

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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.

**HARVARD POLICE DEPARTMENT**

“Winning with Teamwork”

**Non-Criminal Justice Fingerprint Submission Form  
Privacy Notification and Release**

Printed Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Under provisions set forth in Title 28, Code of Federal Regulations (CFR), sections 50.12, both governmental and nongovernmental entities authorized to submit fingerprints and receive FBI identification records must notify the individuals fingerprinted that the fingerprints will be used to check the Criminal History Records of the FBI. Identification records obtained from the FBI may be used solely for the purpose requested and may not be disseminated outside the receiving department, related agency, or other authorized entity. If the information on the record is used to disqualify an applicant, the official making the determination of suitability for licensing or employment shall provide the applicant the opportunity to complete, or challenge the accuracy of the information contained in the FBI identification record. The deciding official should not deny the license or employment based on the information in the record until the applicant has been afforded reasonable time to correct or complete the information, or has declined to do so. An individual should be presumed not guilty of any charge / arrest for which there is no final disposition stated on the record as it appears in the FBI's CJIS division records system. The applicant should be advised that the procedures to change, correct, or update the record are set forth in title 28, CFR, section 16.34.

My signature below indicated my understanding that my fingerprint submission is subjected to the above use and dissemination restrictions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Officer Signature: \_\_\_\_\_ ID: \_\_\_\_\_

**HARVARD POICE DEPARTMENT**

**Fingerprint Submission Consent and Notification Form  
(Used for all Licensing and Employment Screening)**

The authorized agency (Harvard Police Department) named below requires all applicants in the Agency's screening or approval process for the purpose identified below to submit to a fingerprint-based criminal history record information background check. The Agency will follow all applicable laws, rules and regulations concerning the criminal background check pursuant to the authorizing statute, Uniform Conviction Information Act and federal statute. The live scan vendor or Agency must confirm the identity of the applicant submitting the fingerprints. The live scan vendor or Agency must use the Applicant Information section to document the valid government issued identification provided by the applicant before the fingerprints are taken. This document also serves as a consent and notification form. **The form must be signed by the applicant** in order to authorize the release of any criminal history record information that may exist regarding the applicant. The results of the inquiry will be forwarded to the Agency for review.

**Agency Information**

Requesting Agency Name: Harvard Police Department	Requesting Agency ORI Identifier: ILL13980S
Requesting Agency Address: 201 West Front Street, Harvard, Illinois 60033	
Fiscal Cost Center: (for entity responsible for paying ISP) 1300	Purpose Code: LGE / LIC

**Applicant Information**

Name:	Sex:	Race:	Date of Birth:
SSN:	DL/State ID/Passport # :		DL/ID State:

**Livescan Vendor/Appointment Information**

Live Scan Fingerprint Vendor Company Name: N/A	Address: N/A	
Phone Number: N/A	Appointment Date & Time: N/A	IL Vendor License Number: N/A

**Privacy Statement**

I, the undersigned, hereby authorize the release of any criminal history record information that may exist regarding me from any agency, organization, institution, or entity having such information on file. I am aware and understand that my fingerprints may be retained and will be used to check the criminal history record information files of the Illinois State Police and/or the Federal Bureau of Investigation, to include but not limited to civil, criminal and latent fingerprint databases. I also understand that if my photo was taken, my photo may be shared only for employment or licensing purposes. I further understand that I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete pursuant to Title 28 Code of Federal Regulation 16.34 and or Chapter 20 ILCS 2630/7 of the Criminal Identification Act.

**Applicant Consent**

Applicant Name (printed):	Date:
Applicant Name (signature):	Date:

**THIS SIGNED FORM MUST BE RETAINED BY THE AGENCY FOR AT LEAST TWO YEARS.**