



CITY OF WOODSTOCK

Work Permit Application for Massage Establishments

City Use: Received _____ License No. _____

Important Information:

1. A work permit is required for any person employed with a Massage Establishment which does not hold a Massage Therapist License issued by the Secretary of State & which engages in work other than massage therapy. \$100 fee for initial application, \$50 fee for renewal.
2. A work permit does not authorize an individual to perform any activity requiring a state license.
3. The applicant must be fingerprinted at the City of Woodstock and a criminal history will be run. Please ask the City of Woodstock clerk to set an appointment to be fingerprinted.
4. The work permit, if approved, shall be posted in a conspicuous place in the establishment.

Application Instructions:

- Please fill out the application completely.
- Attach a copy of state issued identification for the applicant.

Business Information

Business Name: _____

Business Street Address: _____ City: Woodstock Zip: _____

Applicant Information

Name: _____

Address: _____

Phone Number: _____ Email: _____

List all criminal convictions other than misdemeanor traffic violations, including the date of the conviction, the nature of the crimes, and the place convicted: _____

Definition of services to be provided: _____

I, _____ hereby certify that the statements herein are true and correct, and authorize the City of Woodstock, its agents and employees to seek information and conduct an investigation into the truth of the statements set forth in this application. I further certify that I have read the Massage Establishment ordinance in the City of Woodstock Code of Ordinances.

Signature

Date



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OFFICE USE ONLY

Massage Work Permit Sign-Off

Massage Business Name: _____ BL No: _____

Address: _____

AMOUNT PAID _____

MONEY ORDER # _____ CHECK # _____ CC Auth # _____

ANY DEPARTMENT RECOMMENDING DENIAL OF THE APPLICATION MUST ATTACH WRITTEN JUSTIFICATION FOR DENIAL AND FORWARD APPLICATION TO THE DEVELOPMENT SERVICES REP.

Development Services Rep. Complete _____
Comments _____ Date _____

Records Clerk Requirements Met Recommended Denial _____
Comments _____ Date _____

Detective Requirements Met Recommended Denial _____
Comments _____ Date _____

