

Fingerprinting For Massage Establishments

In-state Owners and New managers must be fingerprinted and background checked.

Fee

Fingerprinting costs are **\$38.25** per person.

Submit your fingerprinting and background check forms and \$38.25 online prior to your appointment.

The Community Services Department will send the information to the Police Department prior to you scheduling an appointment.

Appointment

Fingerprinting is done by appointment only.

Note: You must first submit the application and payment online

To schedule an appointment, call the Police Department at (630) 420-6157. Unscheduled walk-in requests will not be honored.

Location

The Police Department is located at:

**1350 Aurora Avenue (Corner of Aurora Avenue and River Road)
Naperville, IL 60540**



Naperville Police Department

Massage Applicant Fingerprint Information Card

Name (Last, First, MI)													
Alias/Maiden													
Subject's Address: Street													
City, State & Zip													
Date of Birth													
Gender	MALE [FEMALE												
Race	<input type="checkbox"/> WHITE/CAUCASIAN <input type="checkbox"/> BLACK <input type="checkbox"/> ASIAN/PACIFIC ISLAND <input type="checkbox"/> AMERICAN INDIAN HISPANIC												
Height	Feet						Inches						
Weight													
Hair Color													
Eye Color													
Place of Birth													
Drivers License Number													
Photo Available	NO												
FBI Response Needed	YES												
Establishment Name													
Country of Citizenship													
Business Name and Address													
	Naperville, IL Zip:												
Occupation (Position)													
FOR INVESTIGATION PURPOSES:													
Business Phone													
Applicants Daytime Phone													
FOR OFFICE USE ONLY:													
ORI#	IL0221400												
AGENCY NCIC#	IL022140L												
FBI Response Needed	YES												
Purpose of Fingerprint	Massage												
Send to FBI	Yes												
COST CENTER	1751												

**NAPERVILLE POLICE DEPARTMENT
BACKGROUND INVESTIGATION**

The following information is needed in order to complete the police department background investigation. Any incorrect information may preclude the issuance of the massage establishment permit.

The following should be completed for the following persons: In-state owners and local managers unless the owner or local manager is a licensed Massage Therapist under the Illinois Massage Act.

Date: _____

Name: _____

Last

First

Middle

Date of Birth _____

Address _____

City _____ State _____ Zip _____

How long at this address? _____

Home Phone (____) _____ Work Phone (____) _____

DL# _____ State Issued _____

Business Name _____

Business Address _____

Position Held _____ Percent of Ownership _____%

Please list any addresses you have had in the past ten years. Please include date of residency for each location. _____

1. Besides the massage establishment permit you are currently applying for, do you or any of your immediate family have any direct ownership in other locations? If yes, name of business and location

2. Besides the massage establishment permit you are currently applying for, are you employed or retained by any person who owns other business dealing with salons, therapists, spas, nail and facial salons or similar business? If yes, name the business and location. ? _____

3. Besides the massage establishment permit you are currently applying for, have you or any of your family members in the past ten years been involved in direct ownership of a business dealing with salons, therapists, spas, nail and facial salons or similar business? If yes, name the business and location

4. Do you have ownership or working involvement with any other business or association involved directly or indirectly with salons, therapists, spas, nail and facial salons or similar business? If yes, name the business and location.

5. Have you ever been arrested or ticketed for any massage establishment related offense in Illinois, or any other state (or country, if applicable)?

6. If you responded yes to question number 5, please list the date, location of the offense, and the court disposition. _____

7. Have you ever been convicted or placed under supervision for a misdemeanor or felony offense in Illinois or any other state (or country, if applicable)?

8. If you answered yes to question number 7, please list the date of offense, location of occurrence, and court disposition.

9. Besides your current application a business in Naperville, Illinois have ever applied for a similar permit in another municipality within the state of Illinois? If yes, please explain circumstances. _____

10. If you have held, or currently hold or have been party to the application and issuance of a massage establishment permit or license, has the permit or license ever been suspended or revoked by the governing municipality or state? If yes, explain

By my signature below, I acknowledge that the processing of fingerprints can take up to 60 days and that during that time my employment is conditioned upon a satisfactory police report.

Signature

Date

SUPPLEMENTAL FORM

NAME _____

 Last First Middle

Question Number

Response

[illegible]

Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized nongovernmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicant Consent

By signing below, I acknowledge and 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 Chapter 20 ILCS 2630/7 of the Criminal Identification Act.

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

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