APPLICATION FOR CITY OF RACINE MASSAGE ESTABLISHMENT PERMIT

FEIN#: _____

Wisconsin Seller Permit #: ___456-1031875416-02___

NAME OF PERSON IN CHARGE: Qiuxia Song

TRADE NAME: __Main Massage__ PHONE: 262-664-0622

ADDRESS OF BUSINESS: ___1324 N. Main St.___

Are you applying as an: __X__ Individual ____ Partnership ____ Corporation ____ Other (Specify): ____

INDIVIDUAL OR PARTNERSHIP

Person's Name	Address & Home Phone Number	Date of Birth
Qiuxia Song	1401 65th St. Kenosha, WI 53143	

Corporation / LLC Business Name_____

Title	Name	Address	Date of Birth
President			
Vice-President			
Secretary			
Treasurer			

Description of premise to be licensed: __Therapeutic Massage Establishment__

Pending charges and/or convictions of crime or misdemeanor, excepting traffic: __N/A__

Offense_____ Date of Conviction_____

Place of Conviction _____ Sentence _____

For any additional offense(s) or conviction(s), attach separate sheet.

Massage Establishment 1

APPLICANT'S BUSINESS, OCCUPATION OR EMPLOYEMENT FOR PAST 3 YEARS:

Nature of Business/

Occupation/Employment   Dates   Name of Business   Address

_____

_____

IF APPLICANT'S LICENSE, PERMIT OR CERTIFICATION FOR OPERATION OF ANY MASSAGE THERAPIST, MASSAGE ESTABLISHMENT OR SIMILAR BUSINESS AT ANY LOCATION HAS BEEN SUSPENDED, REVOKED OR RENEWAL DENIED, STATE:

Business Name and Address:_____

Reason for such action:_____

Applicant's business activity or occupation following such action:_____

NAME AND ADDRESS OF EACH MASSAGE THERAPIST WHO IS OR WHO IS PROPOSED TO BE EMPLOYED AT THE MASSAGE ESTABLISHMENT. For any additional therapist, attach separate sheet.

Name	Address	DOB	State of WI License No.
Qiuxia Song	1401 65th St. Upper, Kenosha, WI 53143		17402-146

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ATTACH PROOF THAT APPLICANT IS 18 YEARS OF AGE OR OLDER

APPLICANT ACKNOWLEDGES THAT HE/SHE HAS READ AND IS FAMILIAR WITH CHAPTER 22, ARTICLE XXII OF THE RACINE MUNICIPAL CODE, INCLUDING SECTIONS 22-783 AND 22-788, PROVIDING FOR INSPECTION OF THE PREMISES BY CITY PERSONNEL; PERMISSION TO MAKE SUCH INSPECTION IS HEREBY GRANTED BY APPLICANT.

AUTHORIZED SIGNATURES (If sole owner, owner must sign. If partnership, all partners must sign.

If corporation, two officers must sign.)

Qiu Xia Song

Signature   Qiuxia Song- Owner

                             Print Name and Title

_____   _____

Signature   Print Name and Title

_____   _____

Signature   Print Name and Title

_____   _____

Signature   Print Name and Title

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