

\$190

Bill # 9017

Expires June 30, 2024

\$175.00

\$15.00 per applicant record check

### APPLICATION FOR CITY OF RACINE MASSAGE ESTABLISHMENT PERMIT

Are you applying as an:  Individual  Partnership  Corporation  Other (Specify: \_\_\_\_\_)

EIN: 82-4874540

Individual/Partnership Business Name: \_\_\_\_\_

	Name	Address	DOB
Individual Applicant	_____	_____	_____
Co-Applicant	_____	_____	_____

**Corporation / LLC Business Name:** WELLNESS WITHIN, INC

	Name	Address	DOB
President/Member	<u>ELZBIETA MOLENDOWSKA KUBICA</u>	_____	_____
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Director/Manager	_____	_____	_____

Trade Name: SKIN AND BODY THERAPY BY ELLA, C

Business Address: 1036 KENTUCKY ST RACINE WI 53405

Business Phone: 262) 344-4228 Home Phone: SAME

Description of premise to be licensed: MASSAGE THERAPY

Pending charges and/or convictions of crime or misdemeanor, excepting traffic: NONE

Offense \_\_\_\_\_ Date of Conviction: \_\_\_\_\_

Place of Conviction \_\_\_\_\_ Sentence \_\_\_\_\_

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

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

<u>Nature of Business/</u>	<u>Occupation/Employment</u>	<u>Dates</u>	<u>Name of Business</u>	<u>Address</u>
	<u>MEDICAL HEALING THERAPY</u>	<u>2003-2019</u>	<u>SKIN &amp; BODY THERAPY BY ELLA, INC</u>	<u>6211 DURAND AVE RACINE</u>

2019- PRESET SKIN & BODY THERAPY BY ELLA, INC  
1036 KENTUCKY ST RACINE  
53405

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: NONE

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.**

State of WI

Name	Address	DOB	License No.
ELZBIETA MOLENDOWSKA-KUBICA	1036 KENTUCKY ST	09.28.56	3422-046

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.)

*Elzbieta Kubica*

ELZBIETA MOLENDOWSKA-KUBICA

Signature

Print Name and Title

Signature

Print Name and Title

Signature

Print Name and Title

Signature

Print Name and Title