

\$175.00  
\$15.00 per applicant record check

9084  
20180202-4


Expires June 30, 20\_\_

### APPLICATION FOR CITY OF RACINE MASSAGE ESTABLISHMENT PERMIT


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

FEIN: 

**Individual/Partnership Business Name** Charles Long

Individual Applicant Charles Long Name 8032 22<sup>nd</sup> Ave Kenosha Address  DOB  
Co-Applicant N/A

**Corporation / LLC Business Name** Main Massage

President/Member Charles Long Name 8032 22<sup>nd</sup> Ave Kenosha WI Address 53143 DOB   
Vice President/Member \_\_\_\_\_  
Secretary/Member \_\_\_\_\_  
Treasurer/Member \_\_\_\_\_  
Director/Manager \_\_\_\_\_

Trade Name: Main Massage

Business Address: 1329 N. main st. Racine WI 53402

Business Phone: 262-271-8962 Home Phone: 847-766-5852

Description of premise to be licensed: Massage Spa

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

Offense None Date of Conviction \_\_\_\_\_

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

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

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

<u>Nature of Business/</u>	<u>Dates</u>	<u>Name of Business</u>	<u>Address</u>
<u>Owner</u>	<u>10/2021 - 09/2023</u>	<u>Pink SPA</u>	<u>2717 52<sup>nd</sup> St</u>
<u>owner/operator</u>	<u>04/1998 - 10/2021</u>	<u>Dial-A-Mass. Commercial Class</u>	<u>Kenosha 3900 45<sup>th</sup> St Kenosha</u>

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: NO.

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.
Jingai Wang	8113 62 <sup>nd</sup> Ave Kenosha WI.	53142	[REDACTED]	13913-196

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.)

[Signature]  
Signature

Charles E. Long  
Charles E Long Owner.  
Print Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name and Title