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672

Bill 155

20181626-4

\$175.00
\$15.00 per applicant record check

Expires June 30, 2024

APPLICATION FOR CITY OF RACINE MASSAGE ESTABLISHMENT PERMIT

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

FEIN: 371 675 832

Individual/Partnership Business Name _____

Name	Address	DOB
Individual Applicant _____		
Co-Applicant _____		

Corporation / LLC Business Name _____

Name	Address	DOB
President/Member <u>JANET FAWC</u>	<u>401-71st Kenosha</u>	
Vice President/Member <u>Sozanna Fan</u>	<u>401-71st Kenosha</u>	
Secretary/Member <u>Jennifer Portilia</u>	<u>1402-40 Av Kenosha</u>	
Treasurer/Member <u>FRANK PFAM</u>	<u>7517-Cooper Rd Kenosha</u>	
Director/Manager _____		

Trade Name: Partners & Design

Business Address: 506 Gould St

Business Phone: 2626378329 Home Phone: 2625775050

Description of premise to be licensed: Styling Studio Day Spa

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

Offense _____ 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>Name of</u>	<u>Address</u>
<u>Occupation/Employment</u>	<u>Business</u>	
<u>Partners & Design</u>	<u>St</u>	<u>506 Gould</u>

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

Business Name and Address: NA

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.
Wanda Briak-Ferris	205 Indiana St.			# 12790-146

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 XXI 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.)

Janet Fani
Signature

Janet Fani Pr.
Print Name and Title

Suzanne Fani
Signature

Suzanne Fani VP.
Print Name and Title

Signature

Print Name and Title

Signature

Print Name and Title