

cust: 8914 Acct: 3498

201835591-11

Fee: \$175.00 Application
\$15.00 Record Check per person

Bill # 1969

Expires June 30, 20__

APPLICATION FOR CITY OF RACINE MASSAGE ESTABLISHMENT PERMIT

FEIN#: 393-21-6176

Wisconsin Seller Permit #: _____

NAME OF PERSON IN CHARGE: Laeken Hess

TRADE NAME: Laekhaus PHONE: 262-488-3637

ADDRESS OF BUSINESS: 2000 Wisconsin Ave, Racine WI 53403

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

INDIVIDUAL OR PARTNERSHIP

Person's Name	Address & Home Phone Number	Date of Birth
Laeken Hess	1844 WISCONSIN AVE, RACINE WI 53403 262-488-3637	03/24/2001

Corporation / LLC Business Name: _____

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

Description of premise to be licensed: Massage studio In the Dekoven center

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

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:Nature of Business/Name ofOccupation/EmploymentDatesBusinessAddressMassage therapist 03/01/2001 - present

IF APPLICANT'S LICENSE, PERMIT OR CERTIFICATION FOR OPERATION OF ANY MESSAGE THERAPIST, MESSAGE 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 MESSAGE THERAPIST WHO IS OR WHO IS PROPOSED TO BE EMPLOYED AT THE MESSAGE ESTABLISHMENT. For any additional therapist, attach separate sheet.

NameAddressDOBState of WILicense No.Laeken Hess 1844 Wisconsin Ave, RACINE WI 53403 03/24/2001 S-442-146

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 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.)

Laeken HessLaeken Hess, ownerSignaturePrint Name and TitleSignaturePrint Name and TitleSignaturePrint Name and TitleSignaturePrint Name and Title

**IDENTIFICATION
CARD**

**USA
WISCONSIN**



4d H200-5250-1604-05

**1 HESS
2 LAEKEN ELIZABETH**

**6 1844 WISCONSIN AVE
RACINE, WI 53403**

NOT A DRIVER LICENSE

**15 SEX F 16 HGT 5'-03" 17 WGT 145 lb
18 EYES BLU 19 HAIR BRO
3 DOB 03/24/2001**



**4a ISS 05/30/2025 DUP
5 DD OTMYL2025053008571045 4b EXP 03/24/2029**

MAK 01

**MAR
01**