\$175.00 \$15.00 per applicant record check Acct 1905 Bill 141 Expires June 30, 20_

APPLICATION FOR CITY OF RACINE MASSAGE ESTABLISHMENT PERMIT

Are you applying as an:Ir	ndividual Partnership Corporation Other (Specify):		
	ness Name Relax spa Massage inc		
Name Individual Applicant z Hona Au Co-Applicant	Address OCHEV 403 Sixth ST Racine wi 53		
Corporation / LLC Business	Name		
Vice President/Member Secretary/Member Treasurer/Member	Address DOB OCHEN HOS SIX ELLST ROCINE WI 53463		
Trade Name:			
Business Address:			
	Home Phone:		
Description of premise to be lie	censed:		
Pending charges and/or convid	ctions of crime or misdemeanor, excepting traffic:		
Offense	Date of Conviction		
Place of Conviction	Sentence		
For any additional offense(s) o	r conviction(s), attach separate sheet.		
APPLICANT'S BUSINESS,	OCCUPATION OR EMPLOYEMENT FOR PAST 3 YEARS:		
Nature of Business/	Name of		
Occupation/Employment Rela	Dates Business Address SPA MASSAGE INC		
403 Six th ST	Racine wi 52483		

REVOKED OR RENEWAL DENIED, STATE:	. =	HAS BEEN SUSPENDED,
Business Name and Address: Relot 1	Pa massage inc	403 Six th ST
Reason for such action:	J	Racine Wi
Applicant's business activity or occupation follows	£3403	
NAME AND ADDRESS OF EACH MASSAGE EMPLOYED AT THE MASSAGE ESTABLISH		
Name Address	DOE	B License No.
240 NG GUO CHEN 403 SIX EN ST	Racine	
		15458-141
ATTACH PROOF THAT APPLICANT IS 18 YEARS	OF AGE OR OLDER	•
APPLICANT ACKNOWLEDGES THAT HE/SHE HA THE RACINE MUNICIPAL CODE, INCLUDING SEC THE PREMISES BY CITY PERSONNEL; PERMISS APPLICANT.	CTIONS 22-783 AND 22-788, PRO	OVIDING FOR INSPECTION OF
AUTHORIZED SIGNATURES (If sole owner	, owner must sign. If partnersh	ip, all partners must sign,
If corporation, two officers must sign.) ZHONみ みのの CHEV	2H014 G40	CHEN
Signature	Print Name and Title	
Signature	Print Name and Title	
Signature	Print Name and Title	

Print Name and Title

Signature

IF APPLICANT'S LICENSE, PERMIT OR CERTIFICATION FOR OPERATION OF ANY MASSAGE THERAPIST,