Bal: 2333 20183950-12

\$15.00 per applicant record check

APPLICATION FOR CITY OF RACINE MASSAGE ESTABLISHMENT PERMIT

Are you applying as an: X_IndividualPartnershipCorporat	ionOther (Specify):
FEIN:	**
Individual/Partnership Business Name T'S wellness Center	
Name Address Individual Applicant Tiffany Young 4305 Olive street Racine Co-Applicant	DOB
Bliss2massage LLC Corporation / LLC Business Name	· ·
Name Address President/Member Tiffany Young 4305 Olive st Racine WI	DOB
Vice President/Member	
Secretary/MemberTreasurer/Member	
Director/Manager	
Trade Name: T's Wellness Center Business Address: 3312 Washington Ave Business Phone: 262-930-1976 Home Phone: Ground-floor, Wellness Facility v Description of premise to be licensed: treatment/therapy rooms ,staff	vith reception,
Pending charges and/or convictions of crime or misdemeanor, exceptin \mathbf{N}/\mathbf{A}	g traffic:
Offense Date of Conviction	on
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:
Nature of Business/ Name of	
Occupation/Employment Dates Business	
Massage therapist 01/29/2014 bliss2m	nasage LLC 3801
Monarch Dr Racine WI suite 2D	

REVOKED OR RENEWAL DENIED, STATE: N/A 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. State of WI DOB License No. Name Address 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.) Tiffany Young Owner/Therapist Print Name and Title Signature Signature Print Name and Title Print Name and Title Signature

Print Name and Title

Signature

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

MASSAGE ESTABLISHMENT OR SIMILAR BUSINESS AT ANY LOCATION HAS BEEN SUSPENDED,



Fee: \$250.00 (Full time) \$150.00 (Temp) \$50.00 (Pop-Up Temp)

CITY OF RACINE - DEPARMENT OF CUSTOMER SERVICE 730 WASHINGTON AVE-ROOM 103 · RACINE W 53403 · (262) 636-9171

APPLICATION FOR OCCUPANCY

Bleszmassage, LLC
NAME OF BUSINESS BIRESS CONTROL TO THE PROPERTY OF THE PROPERT
BUSINESS TRADE NAME T'SWELLNESS CENTER
BUSINESS ADDRESS 3312 washington the Pacine WIS3409
HOURS OF OPERATION 8AM - 10pm
NUMBER OF EMPLOYEES
TYPE OF BUSINESS THE LOCATION WAS AND WHAT IS YOU ARE APPLYING FOR
WellnossCenter
ADDITIONAL COMMENTS WISSORD HEVAPIES
APPLICANT'S NAME
PHONE & EMAIL269 930-1976
SIGNATURE OF APPLICANT
SIGNATURE OF OWNER



Home Request Support

Third Party Document Upload

Application Status Lookup LEAP Login

Provider Login Performance Data

File a Complaint Orders and Disciplinary Actions

License Lookup



DSPS Site Guest User -

Credential/License Summary for 12773 - 146

Name: Tiffany C Young

Professions: Massage Therapist or Bodywork Therapist

Credential/License Type: Regular

Eligible To Practice: Eligible

Granted Date: 2014-01-29

Orders: 0

Other Names:

Orders for 12773 - 146

As of September 11, 2025 11:27:26 AM

Credential/License Number: 12773 - 146

Location: Racine, Wisconsin - 53405

Status: License is current (Active)

Credential Expiration Date: 2027-02-28

Multi-State: N

Specialities:

No Orders Found

Relationships for 12773 - 146

Individual

No Individual Relationships Found

Organization

No Organization Relationships Found

ATTENTION: The information provided through this public lookup constitutes official certification of licensure information and credential verification for professions regulated by the Wisconsin Department of Safety and Professional Services and its attached boards. If a renewal application including payment is received by the expiration date, the credential holder is eligible to practice while the credential renewal is processed. The credential holder must respond to any requests for information during the renewal process. See Wis. Stat § 227 51(2). Consistent with The Joint Commission and NCQA standards for primary source verification. Send questions or comments to dsps@wisconsin.gov (mailto:dsps@wisconsin.gov)

Contact Information

4822 Madison Yards Way Madison, WI 53705

(608) 266-2112 (tel: +6082662112)

(877) 617-1565 (tel: +8776171565)

(https://www.wisconsin.gov/)

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THE STATE OF WISCONSIN

MASSAGE THERAPY AND BODYWORK THERAPY AFFILIATED CREDENTIALING BOARD

Hereby certifies that

TIFFANY C YOUNG

was granted a license to practice as a

MASSAGE THERAPIST OR BODYWORK THERAPIST

in the State of Wisconsin in accordance with Wisconsin Law on the 29th day of January in the year 2014.

The authority granted herein must be renewed each biennium by the granting authority. In witness thereof, the State of Wisconsin

Massage Therapy and Bodywork Therapy Affiliated Credentialing Board the seal of the Department of Safety and Professional Services has caused this certificate to be issued under

Dave Ross, Secretary

Scott/Walker, Governor

This certificate was printed on the 5th day of March in the year 2015

