

\$175.00  
\$15.00 per applicant record check

Expires June 30, 20\_\_

### APPLICATION FOR CITY OF RACINE MASSAGE ESTABLISHMENT PERMIT

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

FEIN: 168-45-6295

Individual/Partnership Business Name YAQIN YANG

	Name	Address	DOB
Individual Applicant	<u>YAQIN YANG</u>	<u>2931 S. WALLACE ST FL 2</u>	
Co-Applicant		<u>CHICAGO IL 60616</u>	

Corporation / LLC Business Name \_\_\_\_\_

	Name	Address	DOB
President/Member	_____	_____	_____
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Director/Manager	_____	_____	_____

Trade Name: HONAN SPA

Business Address: 906 STATE ST RACINE WI

Business Phone: 262-399-3417 Home Phone: 312-292-7278

Description of premise to be licensed: FOOT AND BODY MASSAGE

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

Offense OBSTRUCTION Date of Conviction 7/12/2018

Place of Conviction KENOSHA Sentence \$250 FINE

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>MASSAGE THERAPIST</u>	<u>1/1/21 - 12/31/21</u>	<u>PEONY SPA</u>	<u>40TH AVE KENOSHA</u>
<u>MASSAGE THERAPIST</u>	<u>1/1/22 - 10/31/22</u>	<u>GOLDEN STAR MASSAGE</u>	<u>CHICAGO</u>
<u>MASSAGE THERAPIST</u>	<u>1/1/22 - 1/31/24</u>	<u>BAMBOO ISLE</u>	<u>NEW BERLIN</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:

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.
------	---------	-----	----------------------------

--	--	--	--

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.)

Ya Qin Yang \_\_\_\_\_

Signature

YAGIN YANG - OWNER \_\_\_\_\_

Print Name and Title

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Signature

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