

\$175.00

Receipt #

252682

To Council

Granted

Account No. 101.030.648

License No.

Expires June 30, 2007

Renewal

2005 PP TAX REF

APPLICATION FOR CITY OF RACINE MASSAGE ESTABLISHMENT PERMIT

Please fill in all information below. If applying as a partnership, corporation or limited liability corp., either photocopy front of application, use reverse side or additional sheet to supply the information requested below for each partner, officer or member.

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

IF OWNED BY MORE THAN ONE INDIVIDUAL, LIST NAMES OF ADDITIONAL PARTNERS AND/OR ALL OFFICERS/MEMBERS (PLUS CORP. BUSINESS NAME):

YOUR NAME FRANK Fani DATE of BIRTH

DOING BUSINESS AS TRADE NAME OF: PARTNER M Design

BUSINESS ADDRESS 506 Gould St. ZIP 53402

HOME ADDRESS 401-71st Kenosha WI ZIP 53143

BUSINESS PHONE 6378329 HOME PHONE 6542067

DESCRIPTION OF PREMISES TO BE LICENSED: Styling Studios Spa

Residence address(es) within the past 3 years: 401-71st Kenosha WI

Height: 5'8" Weight: 168 Sex: M Eye Color: Brown Hair Color: Brown

Alias Name(s):

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

Offense: Date of Conviction:

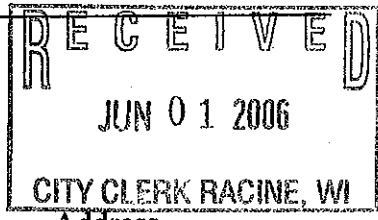
Place of Conviction: Sentence:

For any additional offense(s) or conviction(s), attach separate sheet.

Applicant's business, occupation or employment for past 3 years:

Nature of Business/ Occupation/Employment Name of Business Dates

Partners M Design 1989 Manager 506-Gould St Racine WI
Fair Styling Studios 1970 4913-75 St Kenosha WI



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- 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.

<u>NAME</u>	<u>RESIDENCE ADDRESS</u>	<u>ZIP</u>	<u>State license #</u>
Wanda Paris	2005 Golf Ave Racine	53404	# 1027-046
Tean Matelohi	1674 Elholm Ln Racine	53404	# 2578-046
Amanda Lawrence	833 Park Ave Racine	53403	# 2485-046

- 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.)

Frank Fani
Signature

Frank Fani Pres.
Print Name and Title

Janet Fani
Signature

Janet Fani Treasure
Print Name and Title

Signature

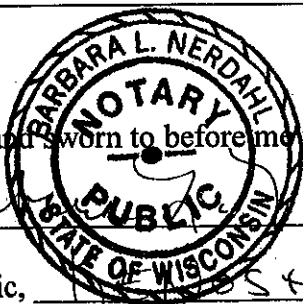
Print Name and Title

Signature

Print Name and Title

Subscribed and sworn to before me this 24th day of May, 2006.

Barbara L. Nerdahl
Notary Public



Notary Public, Sauk County, WI My Commission Expires 8.19.07.