$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: 42-1923025

Individual/Partnership Business Name Sunflower Therapy LLC

	Name	Address	DOB
Individual Applicant	Zhao Di Zou	1306 Velp Ave green bay wi 54303	
Co-Applicant			

Corporation / LLC Business Name Sunflower SPA

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

Trade Name: Sunflower Therapy LLC

Business Address: 906 state st Racine wi 53404

Business Phone: 262-399-3417 Home Phone: _____

Description of premise to be licensed: massage therapy

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 EMPLOYEMENT FOR PAST 3 YEARS:

Nature of Business/ Occupation/Employment	Dates	Name of Business	Address
house wife and part-time			
2022-2025		QQ spa	green bay wi 54303

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.
Zhao Di Zou	1306 Velp Ave Green Bay WI 54303		15558-146

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.)

Signature	Print Name and Title
Zhao Di Zou	Zhao Di Zou
Signature	Print Name and Title
Signature	Print Name and Title
Signature	Print Name and Title

NO. 15558 - 146

EXPIRES: 02/28/2027

The State of Wisconsin
Department of Safety and Professional Services
MEDICAL EXAMINING BOARD

Hereby certifies that

Zhaodi Zou

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 13th day of August in the year 2021.
The authority granted herein must be renewed each biennium by the granting authority.
In witness thereof, the State of Wisconsin
Medical Examining Board
has caused this certificate to be issued under
the seal of the Department of Safety and Professional Services

DSPS Secretary

Chairperson

Jaime Clymer

Secretary

This certificate was printed on the 6th day of February in the year 2025