

B = 2276
20183838-8

not
good

\$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: 722 52 6822

Individual/Partnership Business Name Ming Yang massage

Individual Applicant Ming Yang Name 24185 Wentworth Ave Chicago IL Address 08/11/1974 DOB
Co-Applicant _____

Corporation / LLC Business Name _____

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

Trade Name: Ming massage

Business Address: 3417 Douglas Ave #e

Business Phone: 708-919-0011 Home Phone: 708-919-0011

Description of premise to be licensed: foot massage and body massage

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/	Name of		
Occupation/Employment	Dates	Business	Address
QQ Massage / massage	2014.10 - 2015.08	6009 W Layton Ave	Greenfield WI

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.

State of WI

Name

Address

DOB

License No.

<u>Xing Yang</u>	<u>2418 S Wentworth Ave Chicago, Ill.</u>	<u></u>	<u>No. 17753-146</u>
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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.)

Ming Yang

Signature

Ming Yang

Print Name and Title

Signature

Print Name and Title

Signature

Print Name and Title

Signature

Print Name and Title

B25-2683
20183838-9



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

CITY OF RACINE - DEPARTMENT OF CUSTOMER SERVICE
730 WASHINGTON AVE • ROOM 103 • RACINE WI 53403 • (262) 636-9171

APPLICATION FOR OCCUPANCY

NAME OF BUSINESS Yang Ming massage
BUSINESS TRADE NAME Ming massage
BUSINESS ADDRESS 3417 Douglas Ave Racine WI
HOURS OF OPERATION 10:00AM - 9:00 PM
NUMBER OF EMPLOYEES 1
TYPE OF BUSINESS THE LOCATION WAS AND WHAT IS YOU ARE APPLYING FOR
body massage and foot massage
ADDITIONAL COMMENTS _____

APPLICANT'S NAME Ming Yang
ADDRESS 2418 ~~W~~ Wentworth ave Chicago IL 60616
PHONE & EMAIL 708 919 0011
PROPERTY OWNER'S NAME ATMA
ADDRESS 3417 Douglas Ave Racine WI
PHONE & EMAIL 262 210 0167
SIGNATURE OF APPLICANT Ming Yang
SIGNATURE OF OWNER _____

Office of the City Clerk

Tara McMenamin
City Clerk/Treasurer

Amber Pfeiffer
Assistant City Clerk/Treasurer



City of Racine, Wisconsin

City Hall
730 Washington Avenue, #103
Racine, Wisconsin 53403
(262) 636-9171
Fax: (262) 636-9298
Email: clerks@cityofracine.org

This is to confirm that your application for a Massage Establishment located at 3417 Douglas Ave #e Racine will be presented to the Public Safety and Licensing Committee. You will be notified. **Your attendance is mandatory.**

If for any reason you decide to withdraw your application, it must be done in writing and filed with the City Clerk's Office **prior to issuance of your license**. Any refunds for a denied or withdrawn license application will be refunded, minus publication, records check and a \$40.00 processing fee.

If the license is granted, it is understood that the applicant will not be issued a license until all necessary departmental approvals are received by the City Clerk's Office.

Signature of applicant

Ming Xiang

Signature of applicant/partner

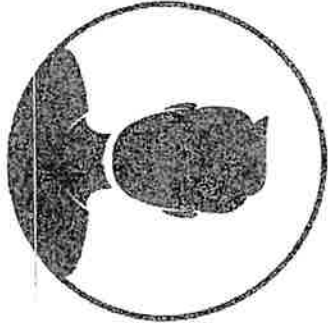
Today's Date

08/14/2025

Checklist for Signoffs



- 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 17753 - 146

As of August 22, 2025 11:43:12 AM

Name : Ying Yang

Credential/License Number : 17753 - 146

Professions : Massage Therapist or Bodywork Therapist

Location : Everett, Washington - 98201

Credential/License Type : Regular

Status : License is current (Active)

Eligible To Practice : Eligible

Credential Expiration Date : 2027-02-28

Granted Date : 2025-01-13

Multi-State : N

Orders : 0

Specialties :

Other Names :

Orders for 17753 - 146

Order No

Order Date

Subject

No Orders Found

Relationships for 17753 - 146

Individual

Name

License No

Location

Type

Start Date

No Individual Relationships Found

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 NCOA 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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