Cust: 8189 Bus: 3011

Expires June 30, 20 24

\$175.00 \$15.00 per applicant record check

## APPLICATION FOR CITY OF RACINE MASSAGE ESTABLISHMENT PERMIT

Are you applying as an:	Individua	alPartnership	Corporation	Other (Specify):	-
			FEIN:		
Individual/Partnership	p Business Na	me_MAIN_	MASSAGE		
Individual Applicant <u>Li</u> Co-Applicant	lame CiU 2,	Address 1836 TUMBLE 1VTARIO CA	WEEDST 91761	DO	
Corporation / LLC Bu	siness Name_				
President/Member				DOB	
Vice President/Member_ Secretary/Member Treasurer/Member Director/Manager					
Trade Name: MALL Business Address: 132 Business Phone: 262	24 NM	RIN ST R	ACINE WI		
Description of premise		700			
Pending charges and/or				fic: NONE	
Offense		<u> </u>	ate of Conviction		
Place of Conviction	/	Sentence	`		
For any additional offer					
APPLICANT'S BUSI	NESS, OCCU	PATION OR EM	PLOYEMENT FOI	R PAST 3 YEARS:	
Nature of Business/			Name of W	DEN MASSAGE	4
Occupation/Employmer	1 3/3/2	Dates 3-3/30/2	Business 4 (626) Dam, V	Address VSPFING St BEC VI 53916	iver

MASSAGE ESTABLISH REVOKED OR RENEW.	MENT OR SIMILAR BUSIN AL DENIED, STATE:	VESS AT ANY LOCATIO	ON HAS BE	EN SUSPENDED,
Business Name and Ade	dress:			
Reason for such action:	$\rightarrow$			
Applicant's business ac	tivity or occupation followi	ng such action:		
NAME AND ADDRESS EMPLOYED AT THE N	OF EACH MASSAGE THI MASSAGE ESTABLISHME	ERAPIST WHO IS OR ENT. For any additional	WHO IS PR therapist, a	COPOSED TO BE ttach separate sheet. State of WI
Name .	Address	1	DOB	License No.
Liliu	2838 Tumbl	eveed ST, AT.		13197-146
	Ortario,	CA 91761		
ATTACH PROOF THAT A	APPLICANT IS 18 YEARS OF	AGE OR OLDER		
THE RACINE MUNICIPAL	EDGES THAT HE/SHE HAS R L CODE, INCLUDING SECTION PERSONNEL; PERMISSION	ONS 22-783 AND 22-788,	PROVIDING	FOR INSPECTION OF
AUTHORIZED SIGNA	ATURES (If sole owner, ov	wner must sign. If partn	ership, all p	artners must sign.
If corporation, two office	ers must sign.)			
Signature Lī	GU	Print Name and Title	Li	LILL (OWNER,
Signature		Print Name and Title	Э	
Signature		Print Name and Title	<del></del>	
Signature	-	Print Name and Title	<del></del>	

Signature

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