Cust # 1267 Bulust # 1000 But 2461

Fee:

\$175.00 Application

\$15.00 Record Check per person

Expires June 30, $20\underline{23}$

APPLICATION FOR CITY OF RACINE MASSAGE ESTABLISHMENT PERMIT

FEIN#: 321-35	-1403	e e							
Wisconsin Seller Permi	it #:		_						
NAME OF PERSON IN CHARGE: Charge Live									
TRADE NAME: Nain Massage PHONE: 262-271-8962									
ADDRESS OF BUSINESS: 1324 Nº Main St. Racine Wi-53402									
		`1							
Are you applying as an:IndividualPartnershipCorporationOther (Specify):									
INDIVIDUAL OR PAI	RTNERSHIP).							
Person's Name		Address & Home Ph	Date of Birth						
Chara Varia (in		6301 60							
Chunrong Liy Shajic Chen.		225h 5 i	3						
Shajic Chen.		2~34 3. 0							
Corporation / LLC Business Name Main Massage									
Title	Name		Address	Date of Birth					
President									
Vice-President									
Secretary									
Treasurer									
Description of premise to be licensed: 1324, N. Mar. St. Ragne. W1-53402									
									
Pending charges and/or	convictions c	of crime or misdemeand	or, excepting traffic: No. MA	+					
	10.7		. \$						
Offense	NIA	Date							
Place of Conviction NA Sentence NA									
or any additional offens	se(s) or convi	ction(s), attach separat	e sheet.						

APPLICANT'S BUSINESS, OCCUPATION OR EMPLOYEMENT FOR PAST 3 YEARS: Nature of Business/ Name of Occupation/Employment Business 330, W Maple St- Now Lenox. Therapist 2019 >20 May Zen 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: NIA 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. JINGAI 13913-146 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.) Channons Liv Signature Print Name and Title

shajie chen

Signature

Signature

Signature

Print Name and Title

Print Name and Title

Print Name and Title

The City Clerk's Office is updating our current licensing database. In order to move forward with only the most current information, please complete this contact form and return it with you license renewal.

CONTACT FORM

Business Owner/Owner Entity: Min tong Liu shu jie chen							
Trade Name: Main Massase							
Business Address: 1324 M main St Rache w 53402							
- Website:							
-Business Email Address: MAINMASSAGERACINE							
· Regular Operating Days/Hours: <u>Suhday - Saturday 9.30 am - 9.300 p</u>							
Agent Name: <u>Ohum fon 9 Lill</u>							
Agent Home Address: 6301 Garfield Ave Burr Ridge 1L 60527							
Agent Emergency Contact Number: 630 - 828 - 1178 Shu jie chen							
Agent Email Address: chun fon 9 2017 (a) 9 mail. com							
Agent Date of Birth:							
Name of additional members of Business: Date of Birth of additional members:							
drun rong liv							
shujie zhen							

This form is required to be turned in with your renewal application, for your application to be considered complete. If you have any questions, please contact the City Clerk's Office at (262) 636-9171.

Credential/License #	Profession	Name	Location	Granted	Expiration Date
15665	MASSAGE THERAPIST OR BODYWORK THERAPIST	JIAN WANG (/IndividualLicense/SearchResultsSummary? chid=1326911)	CHICAGO IL	11/23/2021	02/28/2023
15665	MASSAGE THERAPIST OR BODYWORK THERAPIST	JIAN WANG (/IndividualLicense/SearchResultsSummary? chid=1326911)	GREEN BAY WI	11/23/2021	02/28/2023
14471	MASSAGE THERAPIST OR BODYWORK THERAPIST	<u>JIAN WANG</u> (/IndividualLicense/SearchResultsSummary? chid=1117914)	MILWAUKEE WI	11/15/2017	02/28/2023
13913	MASSAGE THERAPIST OR BODYWORK THERAPIST	JINGAI WANG (/IndividualLicense/SearchResultsSummary? chid=1023613)	KENOSHA WI	08/31/2016	02/28/2023
14032	MASSAGE THERAPIST OR BODYWORK THERAPIST	JINGHUA WANG (/IndividualLicense/SearchResultsSummary? chid=1028915)	MENOMONEE FALLS WI	10/20/2016	02/28/2023
13885	MASSAGE THERAPIST OR BODYWORK THERAPIST	LI WANG (/IndividualLicense/SearchResultsSummary? chid=1020983)	CHICAGO IL	08/02/2016	02/28/2023
14033	MASSAGE THERAPIST OR BODYWORK THERAPIST	LI WANG (/IndividualLicense/SearchResultsSummary? chid=1028917)	CHICAGO IL	10/20/2016	02/28/2021
14033	MASSAGE THERAPIST OR BODYWORK THERAPIST	LI WANG (/IndividualLicense/SearchResultsSummary? chid=1028917)	STEVENS POINT WI	10/20/2016	02/28/2021
15169	MASSAGE THERAPIST OR BODYWORK THERAPIST	LINA WANG (/IndividualLicense/SearchResultsSummary? chid=1229653)	ROCKLIN CA	12/13/2019	02/28/2023

NO. 13913 - 146

The State of Wisconsin

Department of Safety and Professional Services

MASSAGE THERAPY AND BODYWORK THERAPY AFFILIATED CREDENTIALING BOARD

Hereby certifies that IINGAI WANG 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 31st day of August in the year 2016.

The authority granted herein must be renewed each bicnnium by the granting authority. In witness thereof, the State of Wisconsin

Massage Therapy and Bodywork Therapy Affiliated Credentialing Board las caused this certificate to be issued under

the seal of the Department of Safety and Professional Services



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