

Bill # 544

Business
acct # 3231

CUST # 8548
BC # 8549

Fee: \$175.00 Application
\$15.00 Record Check per person

Expires June 30, 2025

APPLICATION FOR CITY OF RACINE MESSAGE ESTABLISHMENT PERMIT

FEIN#: 780-48-0415

Wisconsin Seller Permit #: N/A (Per Fact sheet #109 456-7031875416-02)

NAME OF PERSON IN CHARGE: QIUXIA SONG 157-262-3082624

TRADE NAME: MAIN MESSAGE PHONE: 712-478-0318

ADDRESS OF BUSINESS: 1324 N. MAIN ST. RACINE, WI 53402

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

INDIVIDUAL OR PARTNERSHIP

Person's Name	Address & Home Phone Number	Date of Birth
QIUXIA SONG	332 W. CERMAK RD. APT.2A CHICAGO, IL 60616	

Corporation / LLC Business Name _____

Title	Name	Address	Date of Birth
President			
Vice-President			
Secretary			
Treasurer			

Description of premise to be licensed: THERAPEUTIC MASSAGE ESTABLISHMENT

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

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:

<u>Nature of Business/</u>		<u>Name of</u>	
<u>Occupation/Employment</u>	<u>Dates</u>	<u>Business</u>	<u>Address</u>
Massage spa	7/1/21-10/2024	FluorSPA	1096 N. Grand Ave West Springfield IL 62702

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: N/A

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.

<u>Name</u>	<u>Address</u>	<u>DOB</u>	<u>State of WI</u>
			<u>License No.</u>
QIUXIA SONG	332 W. CERMAK RD. APT2A CHICAGO, IL60616		17402-146

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.)

<u>Qiu Xia Song</u>	<u>Qinxia Song - OWNER</u>
Signature	Print Name and Title

_____	_____
Signature	Print Name and Title

_____	_____
Signature	Print Name and Title

_____	_____
Signature	Print Name and Title

State of Wisconsin

DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES

COMMITTED TO EQUAL OPPORTUNITY IN EMPLOYMENT AND LICENSING

**MASSAGE THERAPIST OR BODYWORK
THERAPIST**

NO. 17402 - 146

Expires: 02/28/2025

**QIUXIA SONG
332 W CERMAK RD, APT 2A,
CHICAGO, ILLINOIS 60616
UNITED STATES**

The person whose name appears on this document has complied with the provisions of the Wisconsin Statutes and holds the credential specified on the front of this card. To verify the current status of this credential, use "Lookup a License" at dsps.wi.gov.

The named person has complied with Wisconsin Statutes and holds the credential specified.
Signature: Qiuxia Song

Ch 440.11, Wis Statutes, requires you to notify the Department of a name or address change within 30 days. Please submit corrected information via the web at dsps.wi.gov or by mail to DSPS at PO Box 8935, Madison WI 53708-8935.