

CUST: 9228 # 2526
92289 20184405-3
BUS: 3728 Expires June 30, 2026

\$175.00
\$15.00 per applicant record check

APPLICATION FOR CITY OF RACINE MASSAGE ESTABLISHMENT PERMIT

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

FEIN: 39-7

Individual/Partnership Business Name Lotus Spa

Name Address 2320 71st St DOB
Individual Applicant Anthony Buchanan Sr Kenosha WI 53143
Co-Applicant _____

Corporation / LLC Business Name Serenity and Peace LLC

Name Address 2320 71st St DOR
President/Member Anthony Buchanan Sr Kenosha WI 53143
Vice President/Member _____
Secretary/Member _____
Treasurer/Member _____
Director/Manager _____

Trade Name: Lotus Spa

Business Address: 1118 Grove Ave Racine WI 53405

Business Phone: _____ Home Phone: 262 220 6276

Description of premise to be licensed: Massage Establishment

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

Offense Retail Theft Date of Conviction 2004

Place of Conviction Lake County IL Sentence 15 mo

For any additional offense(s) or conviction(s), attach separate sheet.

APPLICANT'S BUSINESS, OCCUPATION OR EMPLOYEMENT FOR PAST 3 YEARS:

Nature of Business/ Construction

Name of

Occupation/Employment

Dates

Business

Address

Self employed w/ LLC 2023/2025 Tony's Custom Tiles 2320 71st St Kenosha WI 53143

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: No

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.

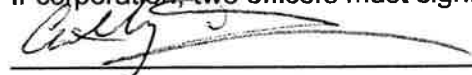
Name	Address	DOB	State of WI License No.
<u>Sennet Liao</u>	<u>1907 S Wells St Chicago IL 60616</u>		<u>15111-146</u>

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

Anthony Buchanan Sr Owner

Print Name and Title

Signature

Print Name and Title

Signature

Print Name and Title

Signature

Print Name and Title

NO. 15111 - 146

EXPIRES: 02/28/2027

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

Hereby certifies that

Sanmei Liao

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 10th day of October in the year 2019.*

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*



[Signature]
DSPS Secretary
[Signature]
Chairperson
[Signature]
Secretary

This certificate was printed on the 25th day of January in the year 2025



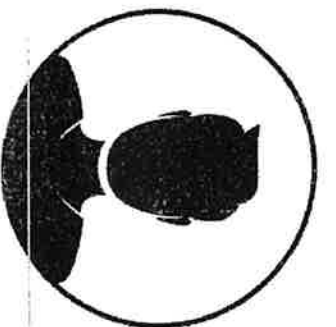
Home Request Support

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 15111 - 146

As of December 26, 2025 10:24:22 AM

Name : Sanmei Liao

Credential/License Number : 15111 - 146

Professions : Massage Therapist or Bodywork Therapist

Location : Kenosha, Wisconsin - 53143

Credential/License Type : Regular

Status : License is current (Active)

Eligible To Practice : Eligible

Credential Expiration Date : 2027-02-28

Granted Date : 2019-10-10

Multi-State : N

Orders : 0

Specialties :

Other Names :

Orders for 15111 - 146

No Orders Found

Order No

Order Date

Subject

Relationships for 15111 - 146

Individual

Name

License No

Location

Type

Start Date

No Individual Relationships Found

Organization				
Name	License No	Location	Type	Start Date

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 dps@wisconsin.gov (mailto:dps@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/>)

@ 2023 Wisconsin License - All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/19/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Hiscox Inc. 5 Concourse Parkway Suite 2150 Atlanta GA, 30328	CONTACT NAME:	
	PHONE (A/C No. Ext): (888) 202-3007	FAX (A/C No.):
INSURED SERENITY AND PEACE LLC 3717 52ND Kenosha, WI 53144	E-MAIL ADDRESS: contact@hiscox.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Hiscox Insurance Company Inc	
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		
NAIC # 10200		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		P105.341.846.1	08/19/2025	08/19/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 181, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

efay/Boyd

© 1988-2015 ACORD CORPORATION. All rights reserved.

Lotus Spa

Business Plan

Lotus Spa will be a peaceful destination located in Racine Wisconsin, dedicated to providing a restful, relaxing, and rejuvenated experience. Our primary focus is massage, utilizing eco friendly products to promote health and wellness. Hours of operation 9:30am-9:00pm. Targeted mainly to men, and women ages 25-50. Serenity Spa aims to become the go-to retreat for busy professionals, and individuals looking for a place for relief of tension and stress.

Lotus Spa will offer a peaceful environment with expert therapists delivering customized massages targeted to the customers' needs. Positioned in a busy area of town, we will benefit from high traffic and accessibility, catering to the residents who value quality self-care.

Market Analysis

The wellness industry is experiencing robust growth. With increasing workloads, and high stress levels this spa will offer a place for effective relaxation options. This location is minutes from shopping centers, business offices, and the highway, allowing Lotus Spa to be a must-stop destination.

Organization and Management

The spa will be managed by a spa director with years of experience.

Massage therapists will be professional, and highly trained for customer service excellence.

The organizational structure will be lean initially, with plans for expansion as our customer base grows.

Marketing Strategies

Marketing efforts will focus on digital platforms, including social media, and signage to attract clientele. Special introductory rates and punch cards to encourage repeat visits. Emphasis will be placed on the peaceful and serene atmosphere to build loyalty with our customers.

Services

Massages: Swedish, Deep Tissue, Cranial, and Foot massage

Financial Projections

Initial startup costs include leasehold improvements, furniture, staffing, and marketing.

Revenue is projected to grow steadily as our clientele base grows. Profitability is expected within the first two years, driven by the strong demand for spa services, and convenient location.

This business plan outlines a clear path for Lotus spa to become a premier spa destination for men, and women seeking natural wellness solutions with peace and tranquility in an urban setting.

1118 Grove Ave.

