

20180959-33

#9317

\$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: 84-2466687

Individual/Partnership Business Name Laurel Massage Studio

	Name	Address	DOB
Individual Applicant	<u>Lauren Recupero</u>	<u>331 Portico Drive unit 112 Mount Pleasant WI 53406</u>	
Co-Applicant	_____	_____	_____

Corporation / LLC Business Name _____

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

Trade Name: Laurel Massage Studio

Business Address: 524 Monument Square suite 204 Racine WI 53406

Business Phone: 262-705-5308 Home Phone: 262-822-6709

Description of premise to be licensed: Massage Therapy

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 EMPLOYEMENT FOR PAST 3 YEARS:

<u>Nature of Business/</u>	<u>Dates</u>	<u>Business</u>	<u>Address</u>
<u>Occupation/Employment</u>			
Laurel Massage Studio/Massage Therapy/Owner	08/2019-current	Laurel Massage Studio	524 Monument Square suite 204 Racine WI 53403

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.

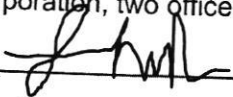
Name	Address	DOB	State of WI License No.
Lauren Recupero	331 Portico Drive Unit 112 Mount Pleasant WI 53406		13073-146

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.)

	Lauren M Recupero
Signature	Print Name and Title

Signature	Print Name and Title

Signature	Print Name and Title

Signature	Print Name and Title