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Receipt # 20173542-5 Date to Council _____ Date Granted _____

\$175.00 Account No. 101.030.648 License No. _____ Expires **June 30,**
\$15.00 per applicant record check. Account No. 101.030.746

APPLICATION FOR CITY OF RACINE MASSAGE ESTABLISHMENT PERMIT

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

- If applying as a partnership, corporation or limited liability corporation supply the information requested below for each partner, officer or member.

Individual/Partnership Business Name _____

Name	Address	DOB
Individual Applicant _____		
Co-Applicant _____		

Corporation / LLC Business Name Sol Health & wellness LLC

Name	Address	DOB
President/Member <u>SARAY HERNANDEZ</u>	<u>1227 Racine St. Racine, WI 53403</u>	
Vice President/Member _____		
Secretary/Member _____	N/A	
Treasurer/Member _____		
Director/Manager _____	<u>OWNER</u>	

TRADE NAME FLEX Fitness Center

BUSINESS ADDRESS 2400 Harold Dr. Racine, WI 53404

BUSINESS PHONE 262-633-3539 **HOME PHONE** 262-822-5152

DESCRIPTION OF PREMISE TO BE LICENSED (Fitness Center) Massage area within a business

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

Sep. 2014 - owl lacrosse county

Offense OWI Date of Conviction Dec. 2014

Place of Conviction Lacrosse, WI Sentence ticket

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/ Occupation/Employment</u>	<u>Dates</u>	<u>Name of Business</u>	<u>Address</u>
Massage therapist / Therapist Chiro.	2010-2019	Thostup Chiro practice	2823 Rapids Dr Racine 53404
Bar manager	July 2017 - present	Deutscher Maener Verein	701 Village St 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: N/A

Reason for such action: N/A

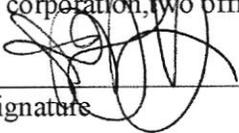
Applicant's business activity or occupation following such action: N/A

• **NAME AND ADDRESS OF EACH MASSAGE THERAPIST WHO IS OR WHO IS PROPOSED TO BE EMPLOYED AT THE MASSAGE ESTABLISHMENT.**

<u>Name</u>	<u>Address</u>	<u>DOB</u>	<u>State of WI License No.</u>
Saray Hernandez	1227 Racine St. Racine 53404		130860416
			EIN 81-1017377

- 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

Saray Hernandez - owner/unit
Print Name and Title

Signature

Print Name and Title

Signature

Print Name and Title

Signature

Print Name and Title

Subscribed and sworn to before me this 10th day of October, 2019.

Annika Bolter

Notary Public,

Racine County, WI My Commission Expires January 1st, 2023

REV. 11/7/13



Office of the City Clerk

Tara Coolidge
City Clerk

Amber Pfeiffer
Assistant Clerk



City of Racine, Wisconsin

City Hall
730 Washington Avenue, #103
Racine, Wisconsin 53403
(262) 636-9171
Fax: (262) 636-9298
Email: clerks@cityofracine.org

TO: SARAY HERNANDEZ HERNANDEZ DATE: 10/10/2019

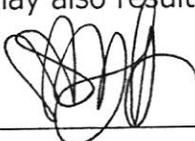
FROM: CITY CLERK'S OFFICE

This is to confirm that your application for a Massage Establishment located at 2400 Rapids Dr. will be presented to the Public Safety and Licensing Committee on November 12th, 2019 at 5:30P.M., in Room 307, City Hall. **Your attendance is mandatory.**

If for any reason you decide to withdraw your application, it must be done in writing and filed with the City Clerk's Office **prior to issuance of your license.** Any refunds for a denied or withdrawn license application will be refunded, minus publication, records check and a \$40.00 processing fee.

If the license is granted, it is understood that the applicant will not be issued a license until all necessary departmental approvals are received by the City Clerk's Office.

Please note there is a possibility the committee may vote to recommend denial / denial of renewal / suspension / revocation of your license application at this hearing, pursuant to the procedures under Wis. Stat. § 125.12 and subject to common council approval. You may be represented by an attorney at your own expense for any of these proceedings. Failure to appear may also result in denial of your application.

Signature of applicant 

Signature of applicant/partner _____

Today's Date 10-10-19