

\$175.00

Receipt #

252288

To Council

Granted

Account No. 101.030.648

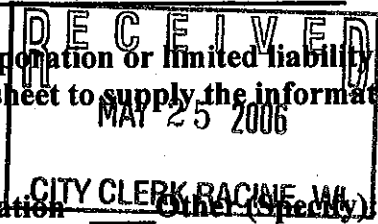
License No.

Expires June 30, 2007

2005 PP TAX DEL

APPLICATION FOR CITY OF RACINE MASSAGE ESTABLISHMENT PERMIT

Please fill in all information below. If applying as a partnership, corporation or limited liability corp., either photocopy front of application, use reverse side or additional sheet to supply the information requested below for each partner, officer or member.



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

• IF OWNED BY MORE THAN ONE INDIVIDUAL, LIST NAMES OF ADDITIONAL PARTNERS AND/OR ALL OFFICERS/MEMBERS (PLUS CORP. BUSINESS NAME):

YOUR NAME SANDRA DITTMANN DATE of BIRTH

DOING BUSINESS AS TRADE NAME OF: Northside Spa

BUSINESS ADDRESS 1401 Douglas Ave ZIP 53402

HOME ADDRESS 823 Hagerer St ZIP

BUSINESS PHONE 632-6194 HOME PHONE 898-8918

DESCRIPTION OF PREMISES TO BE LICENSED: MASSAGE ROOMS - SAUNA - JACUZZI -

• Residence address(es) within the past 3 years: 823 Hagerer St

• Height: 5'3" Weight: 110 Sex: F Eye Color: Brown Hair Color: Blond

• Alias Name(s):

• Pending charges and/or convictions of crime or misdemeanor, excepting traffic: NONE

No Police contact since 1993

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:

Nature of Business/ Occupation/Employment Dates Name of Business Address

LANDLORD for above address

Page 2 – APPLICATION FOR MASSAGE ESTABLISHMENT PERMIT

- 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: child care -

Schooling at Gateway

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

<u>NAME</u>	<u>RESIDENCE ADDRESS</u>	<u>ZIP</u>
<u>NONE</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.)

Sandra J. Dittmann
Signature

SANDRA DITTMANN
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 25th day of May, 2006.

[Signature]

Notary Public, Racine County, WI My Commission Expires 12-23-07