1732

\$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 (Sp	ecify):	
			FEIN:			96 S
Individual/Partnership	Business Name	, , ,	x 17		*//	vi
Individual Applicant Na Co-Applicant	TTHEWS 2226 C	Address HANDING UUNTY RDA	D 265 41N	TAIRFIEID	112	62837
Corporation / LLC Bus	siness Name					
President/Member				DOB		
Vice President/Member Secretary/Member	•					
Treasurer/Member						
Director/Manager						
Trade Name:R	elax	17,				
Business Address:3	417 70	uglas Avs	E = 53	402		
Business Phone: 312				re.		
Description of premise to	o be licensed:	3417 1	Douglas A	ive E	**	
Pending charges and/or	convictions of o	crime or misdeme	anor, excepting tra	affic: <u> </u>	<u>~</u>	_
Offense		Da	ate of Conviction_			
Place of Conviction		Sentence				
For any additional offen						
APPLICANT'S BUSIN	NESS, OCCUP	ATION OR EMP	PLOYEMENT FO	OR PAST 3 YEA	ARS:	
Nature of Business/			Name of			
Occupation/Employmen	t <u>D</u> a	<u>ates</u>	<u>Business</u>	<u>Address</u>	ä	
3419N		River	RD. Eva	ns ville.	j IV	47715

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. State of WI License No. DOB Address Name 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.) Print Name and Title Signature Print Name and Title Signature Print Name and Title Signature Print Name and Title Signature

IF APPLICANT'S LICENSE, PERMIT OR CERTIFICATION FOR OPERATION OF ANY MASSAGE THERAPIST,