

New Cust # 6707  
Bus cust # 6708  
Busin Acc # 2139  
5877

\$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

Individual Applicant <sup>Name</sup> Lauren Recupero <sup>Address</sup> 1927 Charles St apt B Racine <sup>DOB</sup> ~~XXXXXXXXXX~~  
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 sq. suite 204 Racine WI

Business Phone: 262-705-~~78~~5308 Home Phone: 262-812-9756

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:

Nature of Business/	<del>Massage therapy</del>	Name of	
Occupation/Employment	Dates	Business	Address
Massage therapist	01/19 - present	Laurel Massage St.	524 monument sq.
employee LMT	09/14 - 01/19	Gemini Salon:spa	Kenosha, WI

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	1927 Charles St apt 3 Racine WI	<del>XXXXXXXXXX</del>	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.)

  
Signature

Lauren Recupero : Owner  
Print Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name and Title

**Office of the City Clerk**

Tara Coolidge  
City Clerk/Treasurer

Amber Pfeiffer  
Assistant City Clerk/Treasurer



**City of Racine, Wisconsin**

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

Checklist for Signoffs

Contact Alderman in the district where the business is located. This is to inform the Alderman that there will be a new owner and/or a new type of business in his/her district.)

Alderman Name & Telephone:

Alder Coe 262-637-0531

It is the applicant's responsibility to call the departments listed below to setup appointments to have your premise inspected. By signing you acknowledge that the City Clerk's office has notified you of this:

Your license(s) will NOT be released until the City Clerk's Office has received an "OKAY" from each of these departments.

Environmental Health Department – City Hall 730 Washington Ave. Room 1 (262) 636-9203

(Inspection and Sanitation and/or Restaurant License/Permit)

Building Department – City Hall 730 Washington Ave. Room 307 (262) 636-9161

(Inspection and Occupancy Permit)

Fire Department – Fire 810 Eighth St. (262) 635-7915 (Inspection)

Print name Lauren Reupen Signature [Handwritten Signature]  
Date 10/31/21

**Office of the City Clerk**

Tara Coolidge  
City Clerk/Treasurer

Amber Pfeiffer  
Assistant City Clerk/Treasurer



**City of Racine, Wisconsin**

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

This is to confirm that your application for a Massage Establishment  
located at 524 Monument Square Suite 204 Racine, WI 53403 will be presented to the Public Safety  
and Licensing Committee on November 29, 2021 at 5:00P.M., virtually. **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.

Signature of applicant 

Signature of applicant/partner \_\_\_\_\_

Today's Date 10/3/21

**Zavala, Noemi**

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**From:** Lauren Recupero <lmrshort@gmail.com>  
**Sent:** Wednesday, November 3, 2021 12:30 PM  
**To:** \_EXT\_CLK  
**Subject:** Fwd: Your EIN Has Been Assigned!

**CAUTION:** This email originated from outside the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Sent from my iPhone

Begin forwarded message:

**From:** "Processing Dept." <processing2@govfilingsonline.org>  
**Date:** July 22, 2019 at 12:50:36 PM CDT  
**To:** lmrshort@gmail.com  
**Subject:** **Your EIN Has Been Assigned!**

EIN Assigned: 84-2466687

Legal Name: LAUREN MARY RECUPERO

DBA (if any): Laurel Massage Studio

A screenshot of the IRS confirmation page is attached, and an official IRS hard copy will arrive in the mail in 1-4 weeks.

Thank you for using GovFilingsOnline!

--

Patty A.  
Processing Department  
GovFilingsOnline.org  
**GovFilingsOnline**

**EIN Assistant****Your Progress:** 1. Identity ✓ 2. Authenticate ✓ 3. Addresses ✓ 4. Details ✓**Congratulations! The EIN has been successfully assigned.**EIN Assigned: **84-2466687**Legal Name: **LAUREN MARY RECUPERO**

The confirmation letter will be mailed to the applicant. This letter will be the applicant's official IRS notice and will contain important information regarding the EIN. Allow up to 4 weeks for the letter to arrive by mail.

**We strongly recommend you print this page for your records.**



(<http://dsps.wi.gov/>)

Wisconsin Department of Safety and Professional Services

Credential/Licensing Search

## Individual Search Results

### Search parameters

**Last Name:** RECUPERO  
**First Name:** LAUREN  
**Credential/License Number:**  
**Credential Type ID:** 146

[Return to Search \(/\)](#)

Total Result Count: 1

Credential/License #	Profession	Name	Location	Granted	Expiration Date
13073	MASSAGE THERAPIST OR BODYWORK THERAPIST	<a href="#">LAUREN M RECUPERO (/IndividualLicense/SearchResultsSummary?chid=958292)</a>	RACINE WI	08/29/2014	02/28/2023

[Requirement Code Description \(https://dsps.wi.gov/Documents/LicenseRequirementAcronyms.pdf\)](https://dsps.wi.gov/Documents/LicenseRequirementAcronyms.pdf)

[Return to Search \(/\)](#)

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Send questions or comments to [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov) (<mailto:dsps@wisconsin.gov>).

DRIVER LICENSE  
REGULAR

WISCONSIN

USA  
NOT FOR  
FEDERAL  
PURPOSES

D

R216-5339-5961-08

RECUPERO  
LAUREN MARY

1927 CHARLES ST # 3  
RACINE, WI 53402



SEX F HT 4-11"  
WT 100 LB EYES BLU  
HAIR BRO  
DOB 12/21/1995  
EXPIRES 12/21/2022  
CLASS D  
ENDORSEMENTS NONE  
ISSUE DATE 07/22/2019  
ISSUE BY 0730V219A/2215165826

DEC 95