NEW CUST ID WOOD 5877
Bus cust 4 6708
Busin Acc # 2139

\$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	ı: 🎾 İndividual 🔃	Partnership	Corporation	Other (Specify):	
			FEIN: 84-	2466687	
Individual/Partnershi			V		-
Individual Applicant Co-Applicant	revien Recuperó	Address 1927 Ch	ourles St opt3 Racin	OOB COOK	Š
Corporation / LLC B	usiness Name				
	Name	Address]	ЮВ	
President/Member Vice President/Member_					
Secretary/Member					
Treasurer/Member					
Director/Manager					
Business Phone: 766 Description of premise Pending charges and/c	to be licensed: M	assage t	herapy		
Offense		Da	te of Conviction		= 0 = 0
Place of Conviction	s	entence			-2
For any additional offe	nse(s) or conviction(s	s), attach sepai	ate sheet.		
APPLICANT'S BUSI	NESS, OCCUPATI	ON OR EMP	LOYEMENT FOR	PAST 3 YEARS:	
Nature of Business/	Newson Yma	spt	Name of		
Occupation/Employme	ent <u>Dates</u>		Business	Address	
Massage ther	april 01/19-	present (aurel MossgeSt.	524 Monone	nt sq
employee LM	T 09/14 -	01119 0	Temini Saloni	spa Kenosha	WI

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 DOB License No. Name Address 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 Signature Print Name and Title

Print Name and Title

Signature

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

MASSAGE ESTABLISHMENT OR SIMILAR BUSINESS AT ANY LOCATION HAS BEEN SUSPENDED,

Office of the City Clerk

Tara Coolidge City Clerk/Treasurer

Amber Pfeiffer Assistant City Clerk/Treasurer



City Hall 730 Washington Avenue, #103 Racine, Wisconsin 53403 (262) 636-9171 Fax: (262) 636-9298

Email: clerks@cityofracine.org

Checklist for Signoffs

CHECKIISC TOL SIGNOTIS
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.)
Alder Coc. 202 (37 - 053)
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 Ween Recoper Signature 11 11 12

Office of the City Clerk

Tara Coolidge City Clerk/Treasurer

Amber Pfeiffer
Assistant City Clerk/Treasurer



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Email: clerks@cityofracine.org

attendance is mandatory.	November 29, 2021	at 5.001 ini,	virtually. 10di
and Licensing Committee on	November 29 2021	at 5:00P M	virtually. Your
located at 524 Monument Square	Suite 204 Racine, WI	53403_will be presented to	the Public Safety
This is to confirm that your applic	cation for a <u>Massage</u>	Establishment	

If for any reason you decide to withdraw your application, it <u>must</u> be done in writing and filed with the City Clerk's Office <u>prior to issuance</u> 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.

1 17 17	
Signature of applicant	٠.
Signature of applicant/partner	
Today's Date 10/3/2	

Zavala, Noemi

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:

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

GovFilings**Online**



EIN Assistant

Your Progress:

1. Identity 🗸

2. Authenticate 🗸

3. Addresses √

4. Details V

€

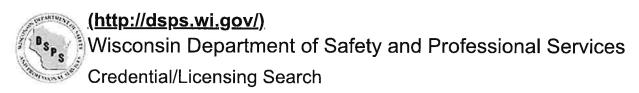
Congratulations! The EIN has been successfully assigned.

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

We strongly recommend you print this page for your records.



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

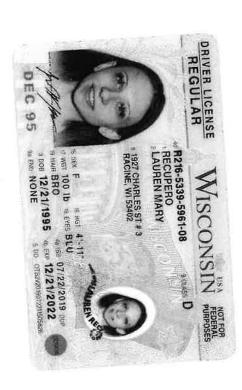
Credential/License #	Profession	Name	Location	Granted	Expiration Date
13073	MASSAGE THERAPIST OR BODYWORK THERAPIST	LAUREN M RECUPERO (/IndividualLicense/SearchResultsSummary? chid=958292)	RACINE WI	08/29/2014	02/28/2023

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

Return to Search (/)

Consistent with The Joint Commission and NCQA standards for primary source verification. Data on this page is refreshed hourly.

Send questions or comments to dsps@wisconsin.gov).



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