Expires June 30, 20 2 2

\$15.00 per applicant record check

#2851

APPLICATION FOR CITY OF RACINE MASSAGE ESTABLISHMENT PERMIT

	Are you applying as an:ndividualPartnershipCorporation \(\sum_{\text{Other}} \) Other (Specify): FEIN: \(\begin{align*} \frac{\text{V} \text{9} \text{9} \frac{\text{9} \qq \qua		
	Individual/Partnership Business Name Relax Spa Massage in C		
^	Individual Applicant 2HONG GUO CHEN 403 SIXTH ST RACINE W. 53403 S.		
Corporation / LLC Business Name			
)	Name Address DOB President/Member ZHON G No CHEN 403. Sixth & Racine w. 52403. Vice President/Member Secretary/Member Treasurer/Member Director/Manager		
	Trade Name: Relax spa massage. Business Address: 403. SiXth ST Racine. Wi 53403 Business Phone: Home Phone: 312-619-8116. Description of premise to be licensed:		
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/ Name of		
	Occupation/Employment Dates Business Address Relax Spa Massage.		

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: /	Λ		
Business Name and Address: Name and Address:	}		
Reason for such action: N/A	·		
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			
Name Address	DOB License No.		
2HONG GUO CHEN 403 SIXT	41)		
	# 15458-14		
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.) HONG Guo CHEN	2HONG GUO CHEN		
Signature	Print Name and Title		
Signature	Print Name and Title		
Signature	Print Name and Title		
Signature	Print Name and Title		