

Bill # 7047

\$175.00
\$15.00 per applicant record check

Expires June 30, 2023

APPLICATION FOR CITY OF RACINE MESSAGE ESTABLISHMENT PERMIT

Are you applying as an: ☐ Individual ☐ Partnership ☒ Corporation ☐ Other (Specify): _____

FEIN: 391 675 832

Individual/Partnership Business Name _____

	Name	Address	DOB
Individual Applicant	_____	_____	_____
Co-Applicant	_____	_____	_____

Corporation / LLC Business Name _____

	Name	Address	DOB
President/Member	JANET FANI	401-71st.	_____
Vice President/Member	Suzanne FANI	401-71st.	_____
Secretary/Member	Jennifer Portilia	1402 40 Ave	_____
Treasurer/Member	FRANK P FANI JR	7577 Cooper Rd	_____
Director/Manager	_____	_____	_____

Trade Name: Partners n Design

Business Address: 506 Gould St.

Business Phone: 262 6378329 Home Phone: 262 577 5050

Description of premise to be licensed: Styling Studio - Day Spa

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/ Occupation/Employment	Dates	Name of Business	Address
<u>Partners n Design</u>	_____	_____	<u>506 Gould St.</u>

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: NA

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.
Wanda Brink Harris	205 - Indiana St.			12-790-141
Regina Moffett	2301 1/2 W High St.			12-398-141

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 [Signature]

Signature [Signature]

JANET FANF Pres

Print Name and Title

Suzanne Fanf V.P.

Print Name and Title

Frank P Fanf Jr Treas.

Signature

Print Name and Title

Jennifer Portilia Sec

Signature

Print Name and Title