

Bill #7060

\$175.00

\$15.00 per applicant record check

Expires June 30, 2022

APPLICATION FOR CITY OF RACINE MASSAGE ESTABLISHMENT PERMIT

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

FEIN: 82-4874540

Individual/Partnership Business Name

	Name	Address	DOB
Individual Applicant			
Co-Applicant			

Corporation / LLC Business Name SKIN & BODY THERAPY BY ELLA, INC

	Name	Address	DOB
President/Member	<u>ELZBIETA MOLENDOWSKA-KUBICA</u>	<u>1036 KENTUCKY ST. RACINE, 53405</u>	
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Director/Manager			

Trade Name: SKIN & BODY THERAPY BY ELLA, INC

Business Address: 1036 KENTUCKY ST RACINE WI. 53405

Business Phone: 262) 344-4228 Home Phone: SAME

Description of premise to be licensed: MASSAGE THERAPY

Pending charges and/or convictions of crime or misdemeanor, excepting traffic: NONE

Offense _____ Date of Conviction _____

Place of Conviction _____ Sentence _____

For any additional offense(s) or conviction(s), attach separate sheet.

APPLICANT'S BUSINESS, OCCUPATION OR EMPLOYMENT FOR PAST 3 YEARS:

Nature of Business/	Name of
Occupation/Employment	Business
Dates	Address
<u>MEDICAL HEALING THERAPY</u>	<u>SKIN & BODY THERAPY BY ELLA, INC</u>
<u>2003-2019</u>	<u>6211 DURAND RACINE 53406</u>

2019 - PRESET SKIN & BODY THERAPY BY ELLA, INC
1036 KENTUCKY RACINE WI. 53405

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: NONE

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.

Name

Address

DOB

License No.

ELZBIETA MOLENDOWSKA-KUBICA 1036 KENTUCKY ST 777 3422-046
RACINE WI 53405

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.)

Elzbieta Molendowska-Kubica
Signature

ELZBIETA MOLENDOWSKA-KUBICA
Print Name and Title

Signature

Print Name and Title

Signature

Print Name and Title

Signature

Print Name and Title