

ust # 7587 - ind
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Bill #8459

Fee: \$175.00 Application
\$15.00 Record Check per person

Expires June 30, 20__

APPLICATION FOR CITY OF RACINE MASSAGE ESTABLISHMENT PERMIT

FEIN#: 88-2102881

Wisconsin Seller Permit #: N/A

NAME OF PERSON IN CHARGE: Heather Kreilkamp

TRADE NAME: Greentree Wellness Academy PHONE: 262-770-6883

ADDRESS OF BUSINESS: 310 5th st, unit 102 B Racine WI 53403

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

INDIVIDUAL OR PARTNERSHIP

Person's Name	Address & Home Phone Number	Date of Birth
<u>Heather Kreilkamp</u>	<u>27 Steepdale Chase Dr Racine WI 53402</u>	

Corporation / LLC Business Name Greentree Wellness Academy LLC

Title	Name	Address	Date of Birth
<u>President</u>	<u>Heather Kreilkamp</u>	<u>27 Steepdale Chase Dr Racine WI 53402</u>	
<u>Vice-President</u>			
<u>Secretary</u>			
<u>Treasurer</u>			

Description of premise to be licensed: 2 suit office in commercial building
(20+ ft from frontdoor)

Pending charges and/or convictions of crime or misdemeanor, excepting traffic: NA

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:

<u>Nature of Business/</u>	<u>Name of</u>		
<u>Occupation/Employment</u>	<u>Dates</u>	<u>Business</u>	<u>Address</u>
Massage Therapy	10/2014 to current	Greentree Massage	8338 Corporate Dr Mount Pleasant 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: 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.

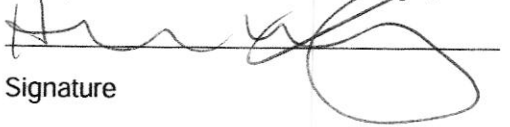
Name	Address	DOB	State of WI License No.
Heather Kreilkamp	27 Steepchase Dr		Racine 10357-141

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

Heather Kreilkamp
Print Name and Title

Signature

Print Name and Title

Signature

Print Name and Title

Signature

Print Name and Title