Fee:

\$175.00 Application

\$15.00 Record Check per person

Expires June 30, 20___

0378-21

		FOR CITY OF RACII	NE MASSAGE ESTABLISHMENT PEI	RIMIT
FEIN#: 85-4091	975	-		
Wisconsin Seller Pe	rmit #:			
NAME OF PERSON	I IN CHARGE: 2	ZHONGGUO CHE	N	*
TRADE NAME:	REI	LAX SPA MASSAG	E PHONE: 3128857858	
ADDRESS OF BUSINESS:		403 6TH ST RACINE WI 53403		
Are you applying as	an: 🔽 Individu	alPartnership	Other (Specif	fy):
INDIVIDUAL OR F	PARTNERSHIP	2		
Person's Name		Address & Home F	Phone Number	Date of Birth
ZHONGGUO CHEN		403 6TH ST RACINE WI 53403		(
			· · · · · · · · · · · · · · · · · · ·	
Corneration / LLC F	Pusinasa Nama	RELAX SPA MASS	SAGE INC	
Corporation / LLC E	ousiness Maine			
Care and the second				
Title	Name		Address	Date of Birth
	Name CHE,ZHO	NGGUO	Address 403 6TH ST RACINE WI 534	
Title		NGGUO		
Title President Vice-President	CHE,ZHO N/A	NGGUO		
President Vice-President Secretary	CHE,ZHO	NGGUO		
Title President Vice-President	CHE,ZHO N/A N/A	NGGUO		
President Vice-President Secretary	CHE,ZHO N/A N/A N/A			
President Vice-President Secretary Treasurer	CHE,ZHO N/A N/A N/A		403 6TH ST RACINE WI 534	
President Vice-President Secretary Treasurer Description of premis	CHE,ZHO N/A N/A N/A se to be licensed	i: body massage	403 6TH ST RACINE WI 534	
President Vice-President Secretary Treasurer Description of premise Pending charges and	CHE,ZHO N/A N/A N/A Se to be licensed	t:body massage	403 6TH ST RACINE WI 534	903
President Vice-President Secretary Treasurer Description of premis Pending charges and Offense	CHE,ZHO N/A N/A N/A se to be licensed	i:body massage of crime or misdemea	403 6TH ST RACINE WI 534 e and foot massage nor, excepting traffic:NO	903

Massage Establishment 1 6360

APPLICANT'S BUSINESS, OCCUPATION OR EMPLOYEMENT FOR PAST 3 YEARS: Nature of Business/ Name of Occupation/Employment **Dates Business** Address-N/A 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: N/A Reason for such action: N/A Applicant's business activity or occupation following such action: N/A 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 DOB Address License No. ZHONGGUO CHEN 403 6TH ST RACINE WI 53403 15458 - 146 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.) ZHONGGUO CHEN Signature Print Name and Title Signature Print Name and Title Signature Print Name and Title Signature Print Name and Title