

#5489

\$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: 391675832

Individual/Partnership Business Name _____

Name Address DOB

Individual Applicant _____

Co-Applicant _____

Corporation / LLC Business Name Partners in Design

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. 7517 - 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 & 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/

Name of

Occupation/Employment

Dates

Business

Address

Partners n Design 506-Gould St.

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.

State of WI



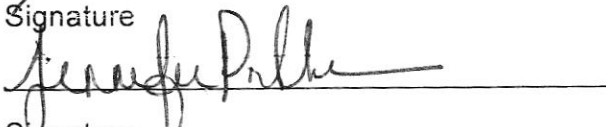
| Name | Address | DOB | License No. |
|--------------------|----------------------|-----|-------------|
| Wenda Brink-Parris | 205 Indiana St. | | 12790-146 |
| Regina Moffett | 2301 1/2 W. High St. | | 12398-146 |

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.)

| | |
|---|------------------------|
| Janet Fani | Janet Fani Pres. |
|  | Suzanne Fani VP. |
|  | FRANK P Fani Jr. Treas |
|  | Jennifer Portillo Sec |