Renea	wal	# 5641		
Fee: \$175.00 Applicatio				Expires June 30, 20_
\$15.00 Record Che	ck per person			
		R CITY OF RACINE MASS	AGE ESTABLISHMEN	T PERMIT
FEIN#: <u>82-4874</u>	1540			
Wisconsin Seller Permit #: _		-		
NAME OF PERSON IN CH.	ARGE: ELZI	31ETA MOLEND	OWSKA KUBI	ICA
TRADE NAME: <mark>SUN &amp; BO</mark> ADDRESS OF BUSINESS:	ODY THEN	2/ PY BY EUA. INC	PHONE: 262) 3	344-4228
ADDRESS OF BUSINESS:	1036 K	ENTUCKY ST	PACINE, WI	53405
		l		
Are you applying as an:	_Individual _	Partnership $\underline{X}$ Cor	porationOther (S	Specify):
NDIVIDUAL OR PARTN	ERSHIP			
Person's Name	Ade	dress & Home Phone Nu	mber	Date of Birth
		,		
		1: Paril The	DADI ALLE	A
Corporation / LLC Busines	ss Name <u>⊃K</u>	IN 4 BODY ITTE	KAPY 134 EUT	t.INC

Title	Name	Address	Date of Birth
President	ELZBIETA MAENDAJSKA KUBI	1036 KENTUCKY ST A RACINE WI 53405	7
Vice-President			
Secretary			
Treasurer			

Description of premise to be licensed:	MASSAGE	THERAPY	
			1

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, OCCUP	PATION OR EMPLOYEM	ENT FOR PAST 3 YE	EARS:	
Nature of Business/		Name of		6211 DURAND
Occupation/Employment	Dates	<u>Business</u>	Address	9
MEDICAL HEAUNG THERAPY	2003-2019 S	KIN & BOJUTHE	RAPU BY EUA.	INC TRACINE
	2019-72	EVENT SKING B	DDY THERAPY BY	IELA. INC 1036 KENTUG
IF APPLICANT'S LICENSE, PERMI MASSAGE ESTABLISHMENT OR S RENEWAL DENIED, STATE:	T OR CERTIFICATION FOR SIMILAR BUSINESS AT A	OR OPERATION OF NY LOCATION HAS	ANY MASSAGE THE BEEN SUSPENDED	ERAPIST PACING 8
Business Name and Address:				
Reason for such action:	NONE			
Applicant's business activity or occup	pation following such action	on:		
NAME AND ADDRESS OF EACH M THE MASSAGE ESTABLISHMENT				EMPLOYED AT
	-		State of V	VI
Name ELZ <u>BIETA MOUENDOWSKA KUB</u>	Address 1036 KEN LUA RACINE, W	TUCKYNT DOR 11 53405	License N	<u>4</u> 22-046
ATTACH PROOF THAT APPLICANT	IS 18 YEARS OF AGE (	DR OLDER		
APPLICANT ACKNOWLEDGES THA THE RACINE MUNICIPAL CODE, IN THE PREMISES BY CITY PERSONI APPLICANT.	ICLUDING SECTIONS 22	2-783 AND 22-788, P	ROVIDING FOR INS	PECTION OF

AUTHORIZED SIGNATURES (If sole owner, owner must sign. If partnership, all partners must sign.

If corporation, two officers must sign.) ELZBIETA MOLENDOWSKA-KUBICA (OWNER)

Signature

Print Name and Title

Signature

Print Name and Title

Signature

Print Name and Title

Signature

Print Name and Title