

20185186-28

3334

\$175.00

\$15.00 per applicant record check

Expires June 30, 20__

APPLICATION FOR CITY OF RACINE MASSAGE ESTABLISHMENT PERMIT

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

FEIN: 780-48-0415

Individual/Partnership Business Name _____

Name Address DOB

Individual Applicant _____

Co-Applicant _____

Corporation / LLC Business Name _____

Name Address DOB

President/Member _____

Vice President/Member _____

Secretary/Member _____

Treasurer/Member _____

Director/Manager _____

Trade Name: MAIN MASSAGE

Business Address: 1324 N. MAIN ST. RACINE, WI 53402

Business Phone: 262-583-7726 Home Phone: _____

Description of premise to be licensed: THERAPEUTIC MASSAGE ESTABLISHMENT

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 EMPLOYEMENT FOR PAST 3 YEARS:

Nature of Business/

Name of

Occupation/Employment

Dates

Business

Address

MASSAGE THERAPIST - 2023-2026 - MAIN MASSAGE - 1324 N. MAIN ST. RACINE, 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: NONE

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.
QIU QIU XIA SONG	1607 WATER AVE. MOUNT PLEASANT, WI 53403		17402-146

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.)

_____ Signature	_____ Print Name and Title
<u>Qiu Xia Song</u>	<u>QIU XIA SONG - OWNER</u>
_____ Signature	_____ Print Name and Title
_____ Signature	_____ Print Name and Title
_____ Signature	_____ Print Name and Title

Home Request Support

Third Party Document Upload

Application Status Lookup LEAP Login

Provider Login Performance Data

File a Complaint Orders and Disciplinary Actions

License Lookup



DSPS Site Guest User ▼

Credential/License Summary for 17402 - 146

As of May 18, 2026 3:20:18 PM

Name : Qiuxia Song

Credential/License Number : 17402 - 146

Professions : Massage Therapist or Bodywork Therapist

Location : Chicago, Illinois - 60616

Credential/License Type : Regular

Status : License is current (Active)

Eligible To Practice : Eligible

Credential Expiration Date : 2027-02-28

Granted Date : 2023-12-11

Multi-State : N

Orders : 0

Specialities :

Other Names :

Orders for 17402 - 146



No Orders Found

Relationships for 17402 - 146

Individual

