

\$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: \_\_\_\_\_

Individual/Partnership Business Name LAEKHAUS

	Name	Address	DOB
Individual Applicant	<u>LAEKEN HESS</u>	<u>1344 WISCONSIN AVE, RACINE WI</u>	_____
Co-Applicant	_____	_____	_____

Corporation / LLC Business Name \_\_\_\_\_

	Name	Address	DOB
President/Member	_____	_____	_____
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Director/Manager	_____	_____	_____

Trade Name: LAEKHAUS

Business Address: 2000 WISCONSIN AVE, RACINE WI 53403

Business Phone: 262-488-3637 Home Phone: 262-488-3637

Description of premise to be licensed: Massage Studio In the DeKoven Center

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 EMPLOYEMENT FOR PAST 3 YEARS:

<u>Nature of Business/</u>	<u>Occupation/Employment</u>	<u>Dates</u>	<u>Business</u>	<u>Address</u>
	<u>massage therapist</u>	<u>03/10/21-Present</u>	<u>LAEKHAUS</u>	<u>2000 WISCONSIN AVE, RACINE WI 53403</u>

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: NA

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.
LAEKEN HESS	1344 WISCONSIN AVE, RACINE WI	03/24/2001	15-442-146

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.)

LaeKen Hess

Signature

LaeKen Hess, owner

Print Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name and Title



**Credential/License Summary for 15442 - 146**

As of June 11, 2026 9:04:03 AM

**Name :** Laeken E Hess

**Credential/License Number :** 15442 - 146

**Professions :** Massage Therapist or Bodywork Therapist

**Location :** Racine, Wisconsin - 53403

**Credential/License Type :** Regular

**Status :** License is current (Active)

**Eligible To Practice :** Eligible

**Credential Expiration Date :** 2027-02-28

**Granted Date :** 2021-03-11

**Multi-State :** N

**Orders :** 0

**Specialities :**

**Other Names :**

Orders for 15442 - 146



No Orders Found

Relationships for 15442 - 146

Individual



## No Individual Relationships Found

Organization

## No Organization Relationships Found

ATTENTION: The information provided through this public lookup constitutes official certification of licensure information and credential verification for professions regulated by the Wisconsin Department of Safety and Professional Services and its attached boards. If a renewal application including payment is received by the expiration date, the credential holder is eligible to practice while the credential renewal is processed. The credential holder must respond to any requests for information during the renewal process. See Wis. Stat § 227.51(2). Consistent with The Joint Commission and NCOA standards for primary source verification. Send questions or comments to [dsp@wisconsin.gov](mailto:dsp@wisconsin.gov) (<mailto:dsp@wisconsin.gov>)

### Contact Information

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[\(877\) 617-1565 \(tel:+8776171565\)](tel:+8776171565)

[\(https://www.wisconsin.gov/\)](https://www.wisconsin.gov/)

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