$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: X Individual ____Partnership ____Corporation ____Other (Specify):_____

FEIN: 32-0858515

Individual/Partnership Business Name MASSAGE THERAPY by ANTHONY MIELCAREK 801 SOUTH ST. RACINE, WI 53402

	Name	Address	DOB
Individual Applicant	ANTHONY MIELCAREK		
Co-Applicant			

Corporation / LLC Business Name_____

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

Trade Name: _____

Business Address: _____

Business Phone:_____ Home Phone:_____

Description of premise to be licensed:_____

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/ Occupation/Employment	Dates	Name of Business	Address

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: _____

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.
N/A			

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
	ANTHONY C. MIELCAREK
_____	_____
Signature	Print Name and Title
_____	_____
Signature	Print Name and Title
_____	_____
Signature	Print Name and Title

Credential/License Summary for 12780 - 146

As of June 6, 2026 2:41:36 PM

Name : Anthony C Mielcarek

Credential/License Number : 12780 - 146

Professions : Massage Therapist or Bodywork Therapist

Location : RACINE, Wisconsin - 53402

Credential/License Type : Regular

Status : License is current (Active)

Eligible To Practice : Eligible

Credential Expiration Date : 2027-02-28

Granted Date : 2014-01-29

Multi-State : N

Orders : 0

Specialities :

Other Names :

Orders for 12780 - 146

Order No	Order Date	Subject

No Orders Found

Relationships for 12780 - 146

Individual

Name	License No	Location	Type	Start Date

No Individual Relationships Found