

\$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: 32-0858515

Individual/Partnership Business Name

MASSAGE THERAPY by ANTHONY MIELCAREK
801 SOUTH ST. / RACINE, WI 53402

Individual Applicant ANTHONY MIELCAREK
Co-Applicant _____

Name

Address

DOB

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 EMPLOYMENT FOR PAST 3 YEARS:

Nature of Business/

Name of

Occupation/Employment

Dates

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.
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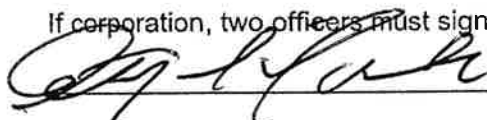
<u>N/A</u>			
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ATTACH PROOF THAT APPLICANT IS 18 YEARS OF AGE OR OLDER

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

ANTHONY C. MIELCAREK
Print Name and Title

Signature

Print Name and Title

Signature

Print Name and Title

Signature

Print Name and Title

Credential/License Summary for 12780 - 146

Name : Anthony C Mielczarek

Professions : Massage Therapist or Bodywork Therapist

Credential/License type : Regular

Credential/License Number : 12780 - 146

Location : RACINE, Wisconsin - 53402

Status : License is current (Active)

Eligible To Practice : Eligible

Granted Date : 2014-01-29

Orders : 0

Other Names :

Credential Expiration Date : 2027-02-28

Multi-State : N

Specialties :

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