



AGENDA ITEM EXECUTIVE SUMMARY

Agenda Item Number: 4

Title:

Recommendation to approve an Application for a Massage Establishment License for Beautiful Balance with Anna relocating to 141 S. 1st St., St. Charles, IL

Presenter:

Police Chief Keegan

Meeting: Liquor Control Commission

Date: April 18, 2022

Proposed Cost: \$

Budgeted Amount: \$

Not Budgeted:

Executive Summary *(if not budgeted please explain):*

Beautiful Balance with Anna, located at 141 S. 1st St., has submitted an application for a massage license.

The background investigation has been completed and there are no concerns with it; however, the fingerprints have not yet been returned from the State. This background is approved contingent upon a negative fingerprint response from the State of Illinois. Please see the attached information regarding this recommendation.

Attachments *(please list):*

- Massage Establishment Application
- Background Check
- Site Plan
- Business Plan

Recommendation/Suggested Action *(briefly explain):*

Recommendation to approve an application for a Massage Establishment License for Beautiful Balance with Anna located at 141 S. 1st St., St. Charles, IL.



Memo

Date: 4/13/2022

To: Lora Vitek, Mayor

From: James Keegan, Chief of Police

Re: Background Investigation: Beautiful Balance with Anna/141 S. 1st Street

The purpose of this memorandum is to document and forward to your attention the results of the background investigation conducted by members of the St. Charles Police Department concerning the above-mentioned establishment.

As is customary procedure, a detective was assigned to this investigation and reviewed not only the site location via an inspection, but also the corresponding application and applicant. We found nothing of a derogatory nature that would preclude either the site location or the applicant from moving forward with a massage license, subject to Council/Commission approval.

In addition, other city departments reviewed this application to ensure conformance with existing codes, ordinances and regulations. The business in question will occupy a room rented from FIT St. Charles. The petitioner currently works at Equinox in Chicago (3-locations/11-years) and is new to our area. Anna is licensed through the State and aside from her fingerprints being delayed, I see no issues with her background.

Thank you in advance for your consideration in this matter.



Memo

Date: 04/02/22
To: Chief Keegan (via chain of command)
From: Commander Majewski
Re: Massage License Background, Anna Callahan (Beautiful Balance with Anna)

The purpose of this memo is to document the background investigation of Anna Callahan pursuant to her application for a massage establishment license for Beautiful Balance with Anna located at 141 S. 1st St

Applicant:
Callahan, Anna D.
DOB: [REDACTED]
[REDACTED]
St. Charles, IL 60174

Beautiful Balance with Anna is renting a room from FIT St. Charles which is located also at 141 S. 1st St.

Callahan currently works as a massage therapist at Equinox, a luxury health club in Chicago that has three locations. Callahan works at the Lincoln Park location which is at 1750 N. Clark St. She has been employed there for the last 11 years.

Records Check:

- Callahan currently resides at the above address in St. Charles and has for the past 6 years. A check of new world records indicated nothing that would prohibit Callahan from obtaining a liquor license.
- Callahan formerly resided at various residences in Chicago prior to moving to St. Charles. A search of Chicago Police Department database (Clear) revealed no contacts.
- Callahan is an Illinois resident and a U.S. Citizen.
- A search of the Kane County Circuit Clerk website revealed no cases of any kind involving Callahan.
- Callahan submitted a set of fingerprints to the St. Charles Police Department. The response however, has not been received.

Service, Courage, Professionalism, Dedication



- I logged onto the Illinois Department of Financial & Professional Regulation website. The search indicated Callahan has been a License Massage Therapist since 07/22/11. It should be noted; the license has the name Anna Mariano listed. It was changed to Callahan in 2013.
- A search of TLOxp, a law enforcement database, was conducted and no criminal history was found. It indicated Callahan's previous last name of Mariano.
- Callahan provided a copy of her liability insurance which covers her under the American Massage Therapy Association (AMTA) with Professional Liability Occurrence Coverage \$2,000 per claim. She also included a floor plan. (See attached copies)
- I reached out to Callahan's previous employer, Equinox, but they did not respond to my inquiry.

Site Visit:

A site was conducted on 04/04/22. The layout was consistent with the floorplan that was submitted with the application and met city ordinance specifications. Anna has one massage room she is renting from FIT St. Charles. The customers of FIT St. Charles can schedule massages with her or she can utilize the space for her non-member clients as she has access to the business when FIT St. Charles is not open. Anna obtained the space here is St. Charles since she lives in town and intends to eventually leave her position at Equinox in Chicago. This concluded the visit.

This concludes this background investigation.

EM #317

EM 317

CITY OF ST. CHARLES
TWO EAST MAIN STREET
ST. CHARLES, ILLINOIS 60174-1984



DEPARTMENT: MAYOR'S OFFICE

PHONE: 630.377.4422

MESSAGE ESTABLISHMENT LICENSE APPLICATION
NON-REFUNDABLE

Annual License Application Fee: \$250.00 Fingerprint Fee: \$50.00 (if new owner)

Application must be completed in full and notarized before it will be accepted.

All fees must be paid at the time the application is submitted and a current certificate of insurance must be included with this application.

NOTE: Applicant must be fingerprinted by the St. Charles Police Department and must provide two passport-size photographs (2 x 2 inches, head and shoulders area, facing forward) with this application.

1. New License Application Renewal Application

2. Please select the option that best describes your business:

Corporation Partnership Individual

3. Business Name: Beautiful Balance with Anna Sales Tax#: N/A

Business Address: 141 S First St, St. Charles, 60174 Business Phone: 847-997-2135

4. Name of Applicant: Anna Callahan Home Phone: [REDACTED]

Home Address: [REDACTED] City/Zip: St. Charles, 60174

Email Address: BeautifulBalancewithAnna@gmail.com Social Security #: [REDACTED] Date of Birth: [REDACTED]

Driver's License #: [REDACTED] Issuing State: IL

****Must include a photocopy of government issued identification card.**

5. Have you ever been convicted of a criminal or ordinance violation? (other than minor traffic offences):

Yes No

6. If yes, explain in detail:

7. Days/Hours of Operation: Variable - on call

8. Will the business be supervised and conducted by a manager?: Yes/No No

If no, please explain:

It is only me operating.

9. Name of Manager: _____ Home Phone: _____

Home Address: _____ City/Zip: _____

Social Security #: _____ Date of birth: _____

10. List as indicated previous three years' employment history:

Employer: Equinox Phone: 312-254-4000

Address: 1750 N Clark St, Chicago Occupation: massage therapist

Dates of employment: From: June 2011 To: ~~0000-00-00~~ present

Employer: _____ Phone: _____

Address: _____ Occupation: _____

Dates of employment: From: _____ To: _____

Employer: _____ Phone: _____

Address: _____ Occupation: _____

Dates of employment: From: _____ To: _____

11. Has the manager ever been convicted of a criminal or ordinance violation (other than minor traffic offenses): Yes/No No

If yes, explain in detail:

12. Will you operate by appointment only? Yes/No No

13. If you answered Yes to #12, will walk-ins be accepted? Yes/No _____

14. License and/or permit history. List all prior Massage Licenses/Permits and current status (use additional sheet if needed):

Issuing authority: IL Dept of Financial & Professional Regulation Status: Active

Issuing authority: _____ Status: _____

15. Have you or any of your licensed massage therapists been sanctioned by the Illinois Department of Professional Regulation concerning your licensure? **As a reminder and per Illinois law, all Massage Therapists practicing inside the State of Illinois must be licensed by State of Illinois. Out of state licensees are NOT valid in Illinois.** Yes/No _____

16. If any prior licenses/permits have been revoked/suspended, state the reason and disposition:

Reason: N/A Disposition: _____

Reason: _____ Disposition: _____

17. Describe the building and specific location within the building where the Massage business will be conducted:

****ATTACH A FLOOR LAYOUT/DIAGRAM OF THE BUSINESS****

Approx sq ft of principal business: 9x11 Massage stations ~~2~~ 1 Premises _____

18. Describe other activities or business conducted at this location:

Fitness Center - one big room with fitness equipment.
The room I'm renting is 9x11 right next to gym.

19. List as indicated all massage therapists and employees. This list must be updated with the office of the Liquor Commissioner within 10 days of any employment change. 1

Name: Anna Callahan Home phone: _____

Address: _____ 60174 City/Zip: St. Charles, 60174

Position employed: Clinical massage therapy

State of Illinois Massage License Number: 227 013072

Name: Anna Callahan Home phone: _____

Address: _____ City/Zip: _____

Position employed: _____

State of Illinois Massage License Number: _____

Name: _____ Home phone: _____

Address: _____ City/Zip: _____

Position employed: _____

State of Illinois Massage License Number: _____

Name: _____ Home phone: _____

Address: _____ City/Zip: _____

Position employed: _____

State of Illinois Massage License Number: _____

This Section for Corporate or Partnership Applications Only

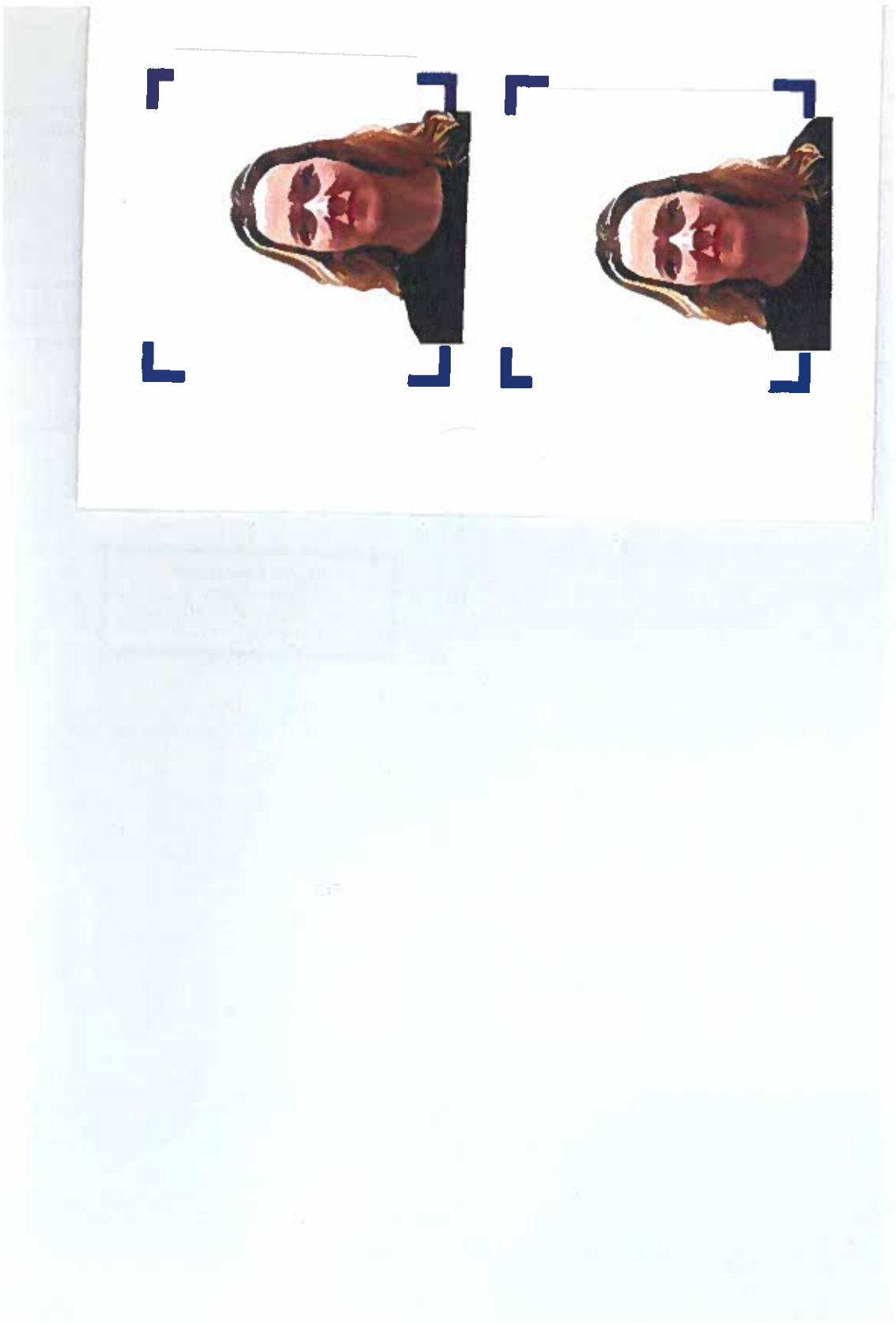
1. List each officer, director or shareholder owning 20% or more stock or controlling interest of the corporation/partnership: N/A

Name	Address	Home Phone #	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Has any officer, manager, director or shareholder owning 20% or more of the stock of the corporation ever been convicted of a criminal or ordinance violation (other than minor traffic offenses)?

Yes No

3. If yes, explain in detail:





Certificate of Insurance

AMTA Member ID#: 1742315
 Anna Callahan
 1412 S 3rd ST
 St Charles, IL 60174-4014

AMTA Member Classification: PROF

Enrolled Member Effective Date: 03/01/2022 - 02/28/2023

Coverage for enrolled member's business is limited to claims arising from enrolled member's professional services.

Business Name: Beautiful Balance with Anna

Administered By:
 Healthcare Providers Service Organization
 Affinity Insurance Services, Inc.
 1100 Virginia Drive, Suite 250
 Fort Washington, PA 19034

Insurance Company:
 Columbia Casualty Company
 A CNA Company

TYPE OF INSURANCE	MASTER POLICY NUMBER	LIMITS <i>(per enrolled member)</i>
Professional Liability Occurrence Coverage	0289955556	\$2,000,000 each claim / \$6,000,000 aggregate <small>Subject to the Master Policy Aggregate</small>

Coverage is afforded to AMTA Members for a period of 12 months concurrent with the Enrolled Member Effective Date or until membership is terminated or expires. Student Enrolled membership expires on the last day of the month in which the Student Enrolled Member graduates. No coverage is afforded to Student Enrolled Members for providing massage therapy services outside of school sanctioned and directed activities. If the AMTA Master Policy is non-renewed or cancelled, the AMTA Member's coverage under this policy will terminate upon the expiration of the Enrolled Member Effective Date and will not be renewed. The Master Policy Aggregate may be reduced by claims paid on behalf of other insureds.

ADDITIONAL COVERAGES *(included in Professional Liability Limits specified above)*

- | | |
|---|--|
| <ul style="list-style-type: none"> • General Liability • Products Liability • Host Liquor Liability • Personal Injury Liability | <ul style="list-style-type: none"> • Good Samaritan Liability • Malplacement Liability • Fire & Water Legal Liability <small>(subject to \$100,000 sub limit)</small> |
|---|--|

COVERAGE EXTENSIONS

- License Protection
- Defendant Expense Benefit
- Deposition Representation
- Assault (excluding Texas)
- Medical Payments
- First Aid
- Information Privacy Coverage (HIPAA)

COVERAGE EXTENSION LIMITS

- \$10,000 per proceeding / \$25,000 aggregate
- \$10,000 aggregate
- \$2,500 per deposition / \$5,000 aggregate
- \$10,000 per incident / \$25,000 aggregate
- \$2,000 per person / \$100,000 aggregate
- \$2,500 aggregate
- \$25,000 aggregate

This material is intended to provide a general overview of the products and services offered. Coverage for enrolled member's business is limited to claims arising from enrolled member's professional services. Only the policy can provide the actual terms, coverage amounts, conditions and exclusions.

Please contact HPSO at 1-888-253-1474 directly for a free copy of the complete policy.





Cut on Dotted Line ✂

For future reference, IDFP is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFP. Your Access ID is: 3628864



Cut on Dotted Line ✂

Anna Callahan is my current name - changed in Dec 2013. from Mariano.



Illinois Department of Financial and
Professional Regulation

Lookup Detail View

Contact

Contact Information

Name	City/State/Zip	DBA / AKA
ANNA D MARIANO	ST CHARLES, IL 60174	

License

License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
227013072	Licensed Massage Therapist	ACTIVE	07/22/2011	10/19/2020	12/31/2022	N

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AMTA Coverage

AMTA Members are covered for professional services for which the enrolled member is licensed, certified, accredited or professionally trained to perform as a massage therapist. Student Enrolled members are covered only for those services for which the Student Enrolled Member is professionally trained to perform while engaged in school sanctioned and directed activities. If an enrolled member practices in an jurisdiction which governs massage therapy services, then massage therapy services means those services for which the enrolled member is licensed, certified, accredited, trained or qualified to perform within the scope of practice recognized by the governmental regulatory agency responsible for maintaining the standards of the profession of massage therapy. Professional services also mean the enrolled member's massage therapy services while acting as a member of a formal accreditation, standards review, or similar professional board or committee, including the directives of such board or committee.

As a AMTA enrolled member covered by the AMTA insurance program, enrolled members are responsible for and expected at all times to be familiar and current with all laws, regulations, etc. in their state of practice that govern their profession as a massage therapist.

Modality Exclusions

Any acts, error or omissions involving the activities designated below are excluded. This list is subject to review and change by AMTA.

Colon hydrotherapy, nutritional or dietary counseling, personal training, pilates, religious healing, procedures that use fire, cupping therapy with use of heat, ear candling, saunas, sun training treatments other than topical tanning lotions or sprays, procedures which penetrate the skin or body cavities either manually or with other methods of intrusion other than manual soft tissue manipulation of the oral or nasal cavities.

Diagnosis, prescription, or service in the capacity of any other profession or branch of healthcare or medicine for which a license to practice is required by law including chiropractic, dentistry, dermatology, naprapathy, naturopathy, nursing, orthopedics, osteopathy, physical therapy, podiatric, psychiatry, psychology and psychotherapy.

Additional Information

An AMTA membership card in conjunction with this notice should serve as acceptable evidence of insurance to anyone requesting proof of your professional liability coverage. If you have any additional questions concerning the AMTA Professional Liability Insurance Plan, please call our insurance administrator, HPSO, toll-free at 1-888-253-1474. We are dedicated to giving you the best service possible and thank you for the opportunity to provide this insurance and membership to you. Please also feel free to call AMTA with questions or comments.

Reporting claims

Please call HPSO toll-free at 1-888-253-1474 for claim reporting procedures or refer to the AMTA Professional Liability Benefits Guide.

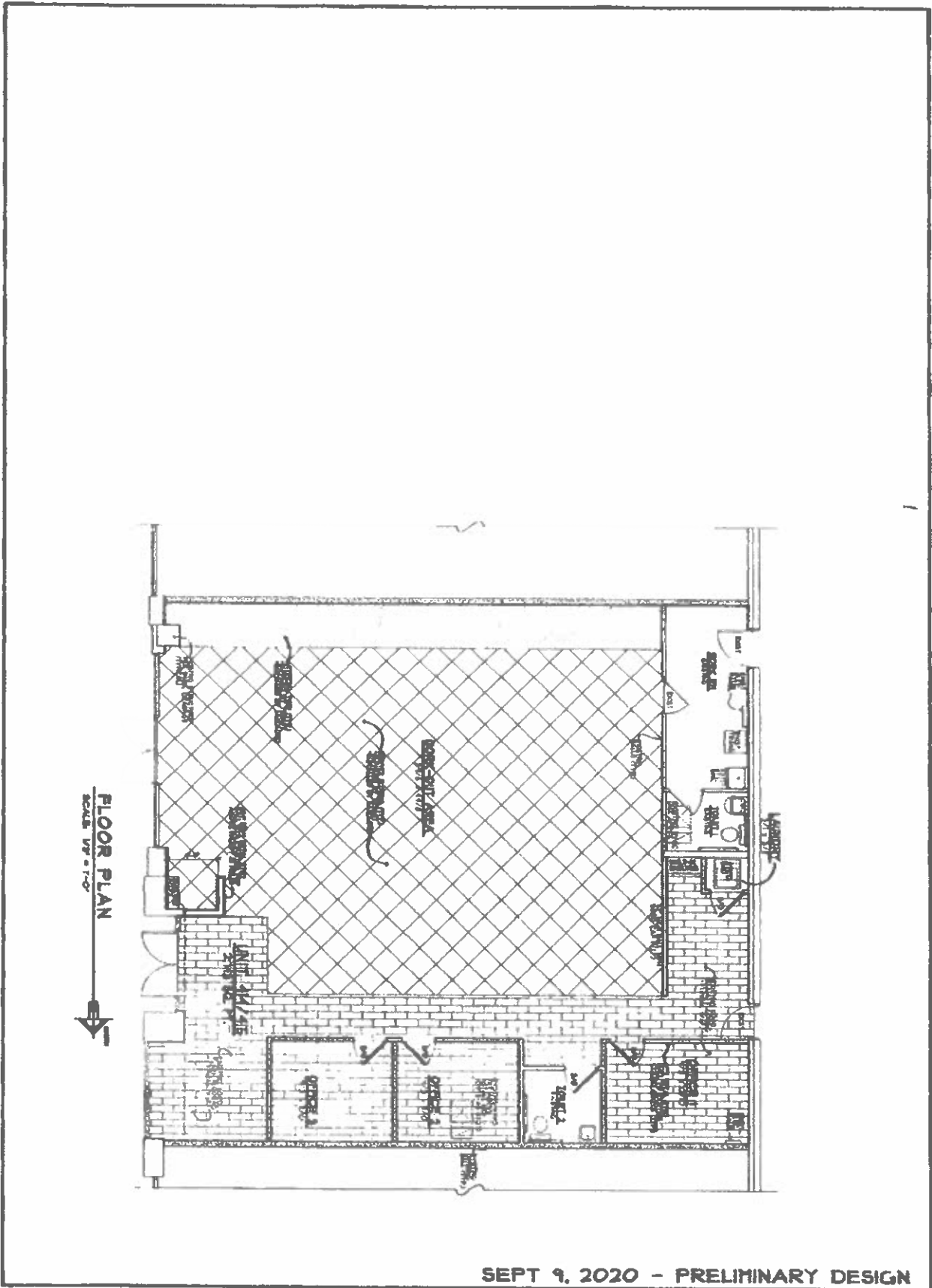
Additional Insured Requests

Please call HPSO toll-free at 1-888-253-1474 for additional insured requests.

This program is underwritten by Columbia Casualty Company, a CNA company and is offered through the Healthcare Providers Service Organization Risk Purchasing Group. This material is intended to provide a general overview of the products and services offered. Only the policy can provide the actual terms, coverage amounts, conditions and exclusions.



Healthcare Provider Service Organization (HPSO) is a division of Affinity Insurance Services, Inc. in CA (License #0705465), MN and OK, AIS Affinity Insurance Agency and NY AIS Affinity Insurance Agency



SEPT 9, 2020 - PRELIMINARY DESIGN

DATE	4
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DESIGNED BY	
DRAWN BY	
CHECKED BY	
DATE	

PROJECT NO.	
CLIENT	
LOCATION	
DATE	

PROPOSED NEW BUILD-OUT FOR:

GYM FIT

SITE: 6148 - PLAZA BLDG. 4
 ST. CHARLES SQUARE 40TH
 FIRST STREET DEVELOPMENT, LLC

