ST. CHARLES SINCE 1834	**AGENDA ITEM EXECUTIVE SUMMARY**	Agenda Item number: 4
	Title:	Recommendation to Approve a Proposal of a Massage Establishment for Summer Spa, 1550 E Main Street, St. Charles
	Presenter:	Chief Keegan, Police Department

Meeting: Liquor Control Commission	Date: November 21, 2016	
Proposed Cost: $	Budgeted Amount: $	Not Budgeted: ☐

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

This is a request for a new Massage Establishment license for Summer Spa to be located at 1550 E Main Street, St. Charles (former Hung Da Spa business). Background investigation was conducted by a detective of the St. Charles Police Department and also reviewed the site inspection. Through this investigation, we determined that all the requirements have been met and the applicant, Hong Shen, is eligible for licensing subject to City Council approval.

Attachments (*please list*):
Massage Establishment Application
Background Check
Site Plan

Recommendation/Suggested Action (*briefly explain*):
Recommendation to approve a Proposal of a Massage Establishment for Summer Spa, 1550 E Main Street, St. Charles.

City of St. Charles

Office of the Mayor

Two East Main Street
St. Charles, Illinois 60174-1984
Phone: 630-377-4445 • Fax: 630-377-6034

ST. CHARLES
SINCE 1834

Office Use Only
Received: 10/14/16
Amount Paid: 300.-
Receipt:

MASSAGE ESTABLISHMENT LICENSE APPLICATION

IMPORTANT: 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**.

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

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 ☐ Application Change

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

   ☒ Corporation ☐ Partnership ☐ Individual

3. Business Name: Summer SPA Sales Tax#: NA
   Business Address: 1550 E Main St. St charles, IL 60174 Business Phone: 630-584-2716

4. Name of Applicant: Hong Shen Home Phone: [redacted]
   Home Address: [redacted] City/Zip: Oak Park
   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 ordinance violation (other than minor traffic offences):

   ☐ Yes ☒ No

6. If yes, explain in detail:

   NA

7. Days/Hours of Operation: from 9:30am – 9:30pm ; 7 Days per week .

8. Will the business be supervised and conducted by a manager:

☒ Yes ☐ No

If no, please explain:

NA

9. Name of Manager: Hong Shen Home Phone: [redacted]

Home Address [redacted] City/Zip: oak Park

Social Security [redacted] Date of birth: [redacted]

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

Employer: Thanks Spa Phone: [redacted]

Address: [redacted] 60056 Occupation: massage therapist

Dates of employment: From: 06/01/16 To: Current

Employer: reflesion Spa L.L.C Phone: [redacted]

Address: [redacted] 60657 Occupation: massage therapise

Dates of employment: From: 09/01/15 To: 03/04/16

Employer: 7 Spa massage Phone: [redacted]

Address: [redacted] Occupation: massage therapise

Dates of employment: From: 06/18/14 To: 05/30/15

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

If yes, explain in detail:

N A

12. Will you operate by appointment only? ☐ Yes ☒ 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: IDFPR Status: Active

Issuing authority: Florida Department of Health Status: Active

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: N A

Reason: N A Disposition: N A

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****

Approximate floor area devoted to the principal business: Same as before

Approximate floor area devoted to Massage stations: Same as before

Approximate total floor area of premises: Same as before

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

NA

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.

Name: Hong Shen Home phone: [redacted]

Address: [redacted] City/Zip: Oak Park

Position employed: Manager

State of Illinois Massage License Number: 227.016694

Name: MIN GIAMMARESE Home phone: [redacted]

Address: [redacted] City/Zip: CHICAGO IL 60634

Position employed: massage therapist manager

State of Illinois Massage License Number: 227.018662

Name: HU YAPING Home phone: [redacted]

Address: [redacted] City/Zip: HARWOOD HEIGHTS IL 60706

Position employed: massage therapist

State of Illinois Massage License Number: 227.016722

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:

Name	Address	Home Phone #	Date of Birth
Hong Shen	[redacted]		03/24/1971
	Oak Park. IL. 60302		

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:

Affidavit

State of Illinois)
) SS
County of Kane)

I/We, the undersigned, being first duly sworn, say that I/we have read the foregoing application and that the statements therein are true, complete, and correct and are upon my/our personal knowledge and information and that I/we will not violate any of the ordinances of the City of St. Charles or the laws of the State of Illinois or the laws of the United States of America, in the conduct of the place of business described herein.

Signature of Applicant Hong Shen

Signature of Applicant

I, Teresa L Kische Wright, a Notary Public in and for said county in the state aforesaid, do hereby certify that the applicant(s), appeared before me this day in person and acknowledged that he/she/they signed the foregoing application as his/her/their free and voluntary act for the use and purposes therein set forth.

Given under my hand and notarial seal this 14 day of October, 2016.

SEAL

Teresa L Kische Wright
Notary Public

TERESA L KISCHE WRIGHT
Official Seal
Notary Public - State of Illinois
My Commission Expires Oct 6, 2019

V2016a

ENDORSEMENT OF THE CHIEF OF POLICE

Recommend Issuing: ☐ Yes ☐ No Date:_____

Comments: _____

_____

_____

_____

_____
Signature

ENDORSEMENT OF BUILDING & CODE DIVISION/DIRECTOR OF COMMUNITY DEVELOPMENT

Recommend Issuing: ☐ Yes ☐ No Date:_____

Comments: _____

_____

_____

_____
Bob Vann, Building & Code Enforcement Division Manager

_____
Rita Tungare, Director of Community Development

ENDORSEMENT OF THE DIRECTOR OF FINANCE

Recommend Issuing: ☐ Yes ☐ No Date:_____

Comments: _____

_____

_____

_____

_____
Signature

ENDORSEMENT OF THE MAYOR

Recommend Issuing: ☐ Yes ☐ No Date:_____

Comments: _____

_____

_____

_____

_____
Signature

Police Department

ST. CHARLES
SINCE 1834

Memo

Date: 10/21/2016

To: The Honorable Ray Rogina, Mayor-Liquor Commissioner

From: James Keegan, Chief of Police

Re: Background Investigation: Summer Spa-1550 E. Main Street

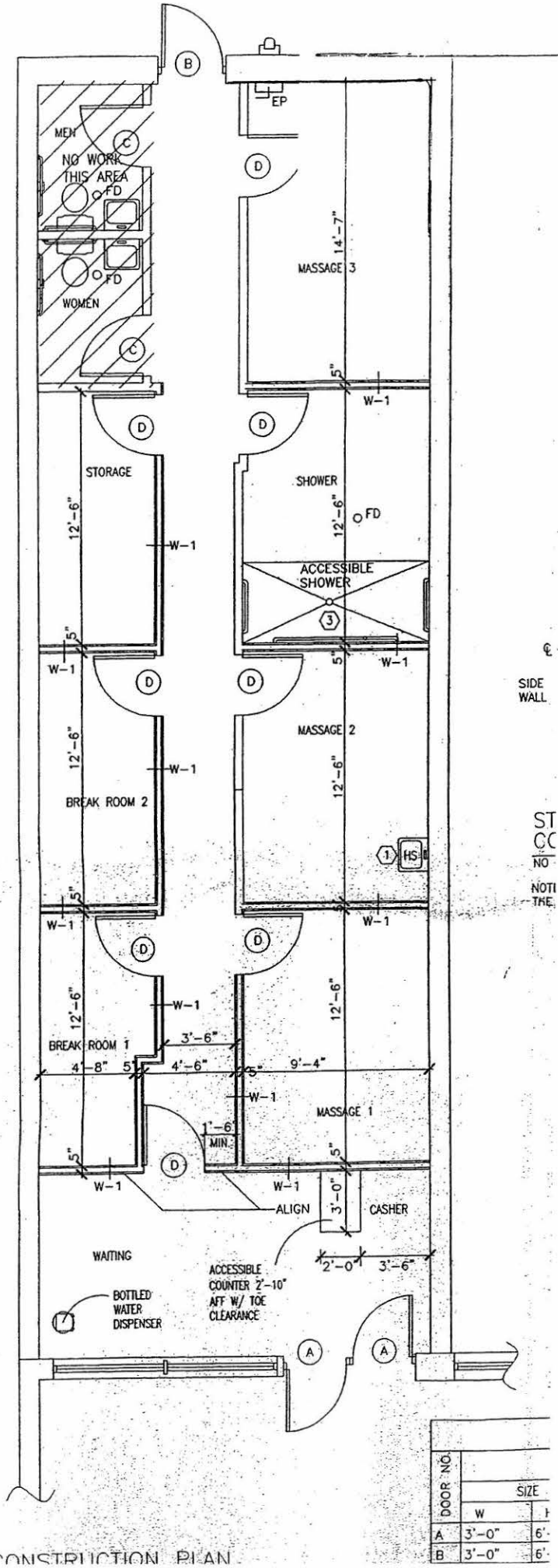
The purpose of this memorandum is to document and forward to your attention the results of the background investigation conducted by members of the St. Charles Police Department concerning the above mentioned establishment located within the Tin Cup Pass Shopping Center.

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. Our overall background investigation was very thorough and comprehensive. Highlights include the following:

- This location formerly housed Hong Da Spa (no reported violations at this location).
- Petitioner also owns and operates "Thanks Spa" located in Mount Prospect (no reported violations per Mount Prospect PD).
- Both the owner/manager and each of her associated massage therapists possess current and valid Illinois Department of Professional Regulation-Massage Therapy licenses. Each has no reported violations or discrepancies.

Our site visit and review of the application material found nothing of a derogatory nature that would preclude either the site location or the applicants from moving forward with a massage license, subject to Council/Commission approval. Each of the associated City departments also reviewed the material to ensure compliance with our existing ordinances and zoning regulations.

Thank you in advance for your consideration in this matter.



DOOR NO.	SIZE W	H
A	3'-0"	6'
B	3'-0"	6'

CONSTRUCTION PLAN