

**AGENDA ITEM EXECUTIVE SUMMARY**Agenda Item number: **4**

Title:	Recommendation to Approve a Proposal of a Massage Establishment for Tapped In Massage & EFT to be Located at 311 S 2nd Street, St. Charles
Presenter:	Chief Keegan, Police Department

Meeting: Liquor Control Commission

Date: September 19, 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 Tapped In Massage & EFT to be located at 311 S 2nd Street, St. Charles. 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, Dana Seite, is eligible for licensing subject to City Council approval. This business will also be operating by appointment only.

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 Tapped In Massage & EFT to be located at 311 S 2nd Street, St. Charles



City of St. Charles
Office of the Mayor
 Two East Main Street
 St. Charles, Illinois 60174-1984
 Phone: 630-377-4455 • Fax: 630-377-44400

44598

Office Use Only	
Received:	_____
Amount Paid:	_____
Receipt:	_____

MESSAGE 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 (1" x 1.5" head and shoulders area, face 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: Tapped In Massage & EFT Sales Tax#: 471294745

Business Address: 311 S. 2nd Street Business Phone: (630) 272-3262

4. Name of Applicant: Dana Seite Home Phone: [REDACTED]

Home Address: [REDACTED] City/Zip: Geneva 60134

Social Security # [REDACTED] Date of Birth: [REDACTED]

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

****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:

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

Yes

No

8. Name of Manager: Dana Seite Home Phone: [REDACTED]

Home Address: [REDACTED] City/Zip: Geneva 60134

Social Security #: [REDACTED] Date of birth: [REDACTED]

9. Has the manager ever been convicted of a criminal or ordinance violation (other than minor traffic offenses):

Yes

No

10. If yes, explain in detail:

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

Issuing authority: Illinois Status: Active

Issuing authority: Missouri Status: Inactive

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 If any prior licenses/permits have been revoked/suspended, state the reason and disposition:

Reason: _____ Disposition: _____

Reason: _____ Disposition: _____

13. 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: 5910 sq. feet

Approximate floor area devoted to Massage stations: 138 sq. feet

Approximate total floor area of premises: 3200 sq. ft

7. Days/Hours of Operation: Mon-Thurs 8am-9pm Fri 8am-5pm
Sat. 9am-3pm

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

Yes No

If no, please explain:

9. Name of Manager: _____ Home Phone: _____
Home Address: _____ City/Zip: _____
Social Security #: _____ Date of birth: _____

10. ~~As indicated~~ previous three years' employment history:

Employer: _____ Phone: _____
Address: _____ Occupation: _____
Dates of employment: From: _____ To: _____

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

If yes, explain in detail:

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: _____ Status: _____

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 licenses are NOT valid in Illinois.** Yes No

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

Reason: _____ 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****

Approximate floor area devoted to the principal business: _____

Approximate floor area devoted to Massage stations: _____

Approximate total floor area of premises: _____

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

American Family Insurance
Tiffany Lewis Skin Care
Alex Clancy Photography

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

Employer: Tranquility Spa Phone: [Redacted]
Address: 113 N 2nd Ave, St. Charles IL Occupation: Massage Therapist
Dates of employment: From: [Redacted] to: [Redacted]

Employer: Connected You Massage by Dana Phone: [Redacted]
Address: 175 W. Jackson Naperville Occupation: Massage Therapist & owner
Dates of employment: From: [Redacted] to: [Redacted]

Employer: On the Border Phone: [Redacted]
Address: 1915 Glacier Park Naperville IL Occupation: Server
Dates of employment: From: [Redacted] to: [Redacted]

16. 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: Dana Seite Home phone: [Redacted]
Address: [Redacted] City/Zip: Geneva IL 60134
Position employed: Massage Therapist, owner
State of Illinois License number: 227014883

This Top 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

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 *Dan Di*

Signature of Applicant _____

I, *Tracey Conti*, 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 *26* day of *July*, *2016*.

Tracey R. Conti
 Notary Public



TO BE COMPLETED BY THE CITY OF ST. CHARLES

ENDORSEMENT OF THE CHIEF OF POLICE

Recommend Issuing: Yes No Date: _____

Comments: _____

Signature

ENDORSEMENT OF THE BUILDING & HEALTH COMMISSIONER

Recommend Issuing: Yes No Date: _____

Comments: _____

Signature

ENDORSEMENT OF THE FINANCE DIRECTOR

Recommend Issuing: Yes No Date: _____

Comments: _____

Signature

ENDORSEMENT OF THE MAYOR

Recommend Issuing: Yes No Date: _____

Comments: _____

Signature



Memo

Date: 8/24/2016

To: The Honorable Ray Rogina, Mayor-Liquor Commissioner

From: James Keegan, Chief of Police

Re: Background Investigation: Tapped in Massage & EFT-311 S. 2nd Street (2nd Floor)

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 multi-tenant building that also houses an insurance company, photography studio and a skin care facility. Tapped in Massage & EFT is a wellness initiative that specializes in therapeutic/relaxing massage services utilizing an "Emotional Freedom Technique" or EFT.

Thank you in advance for your consideration in this matter.

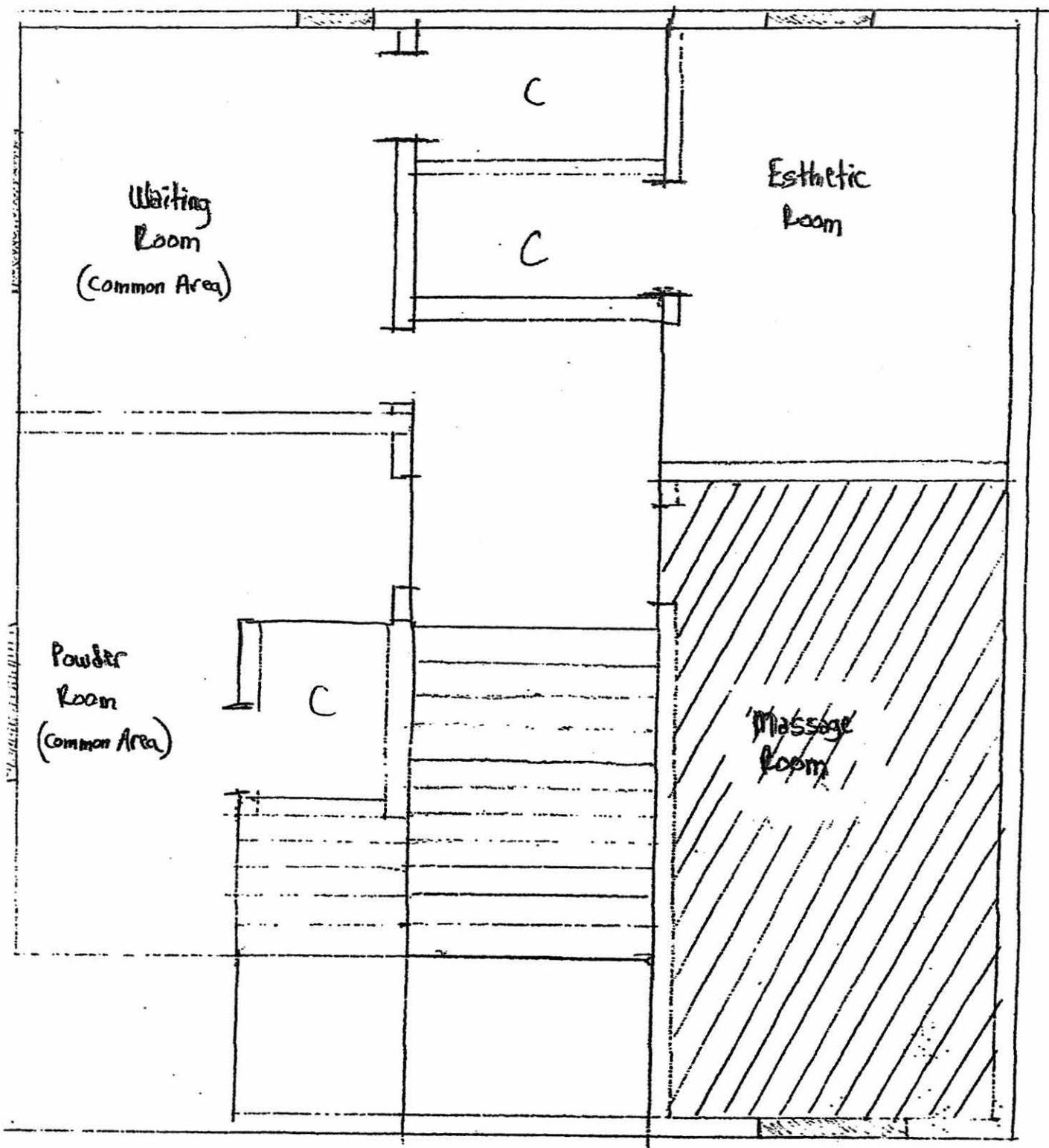
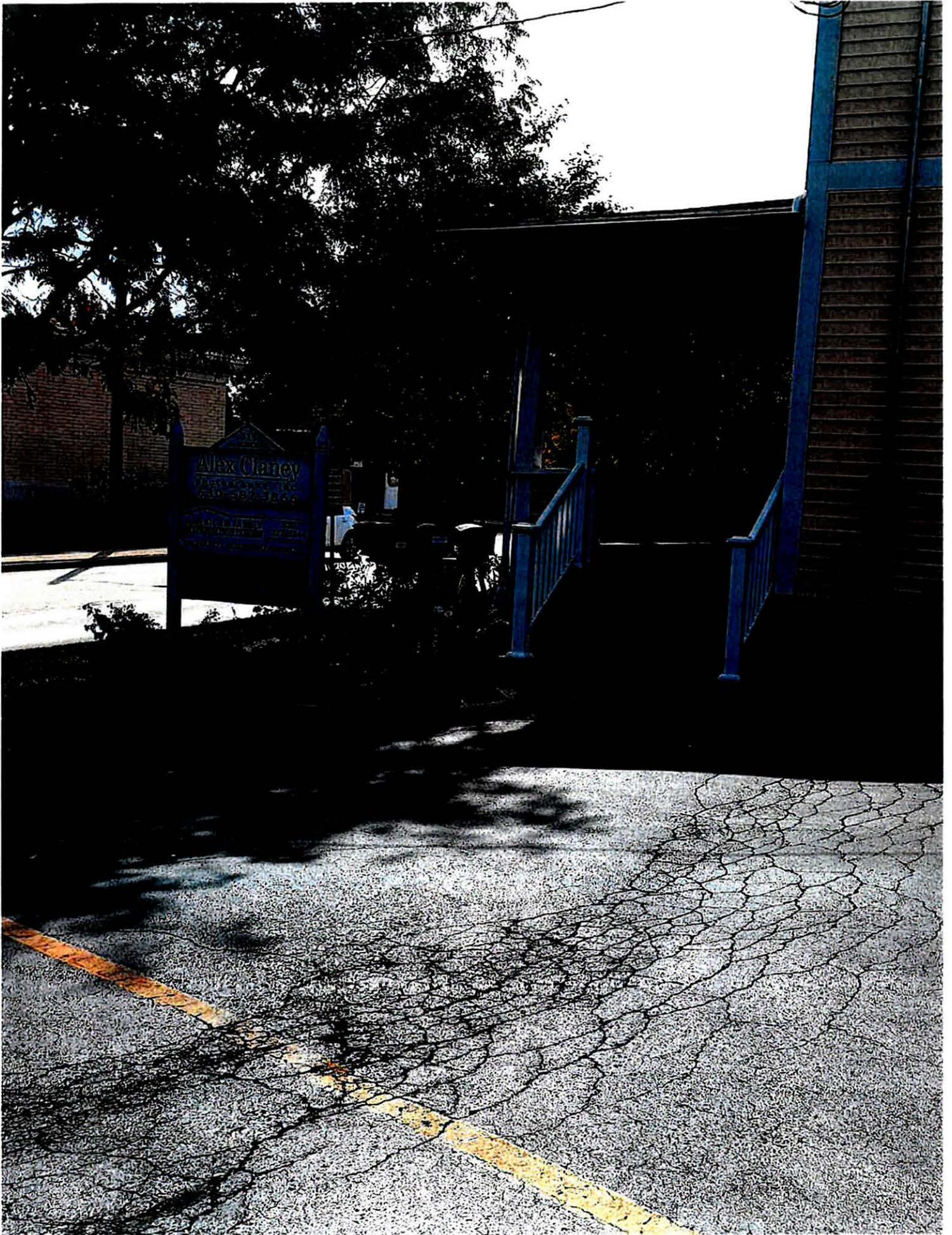
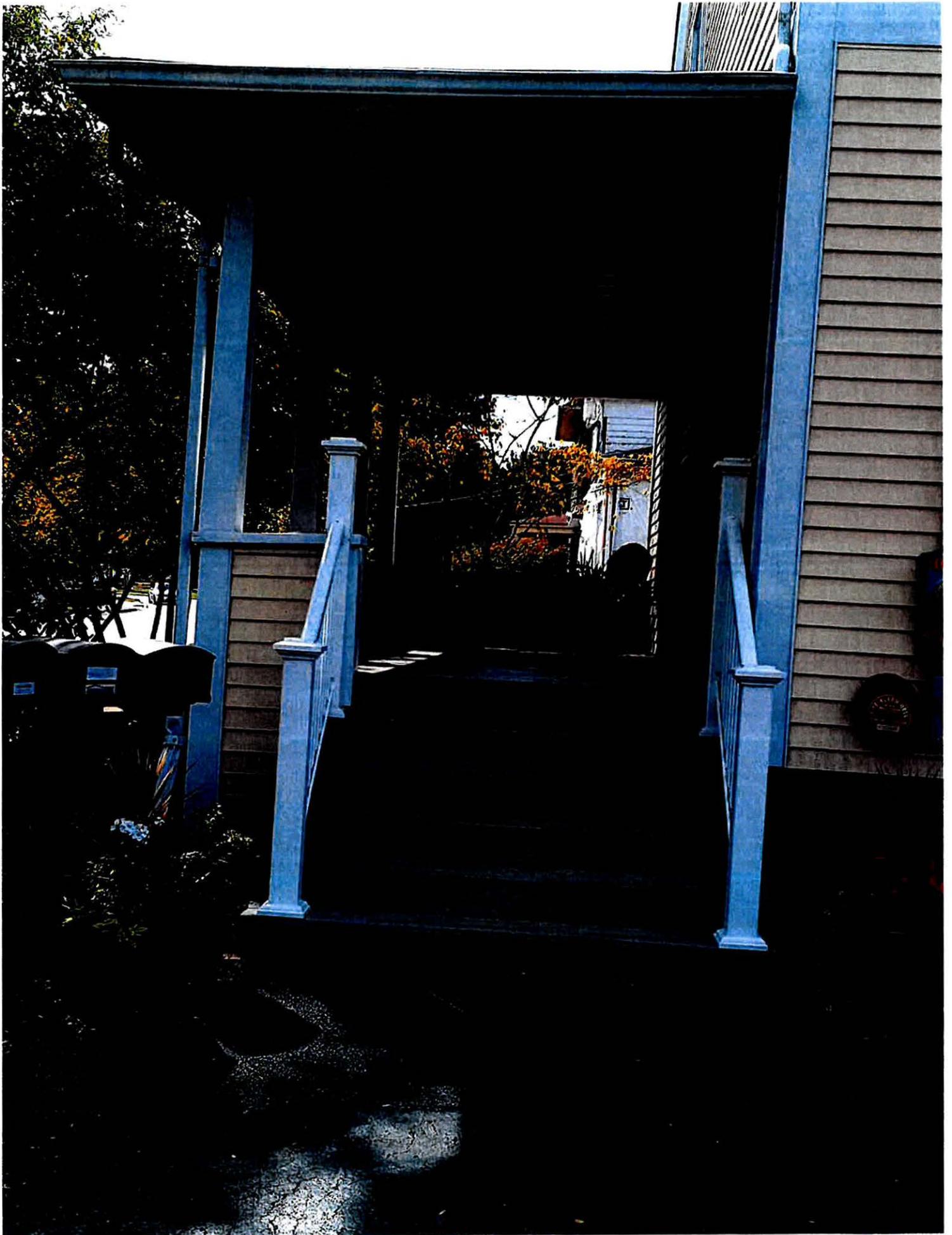
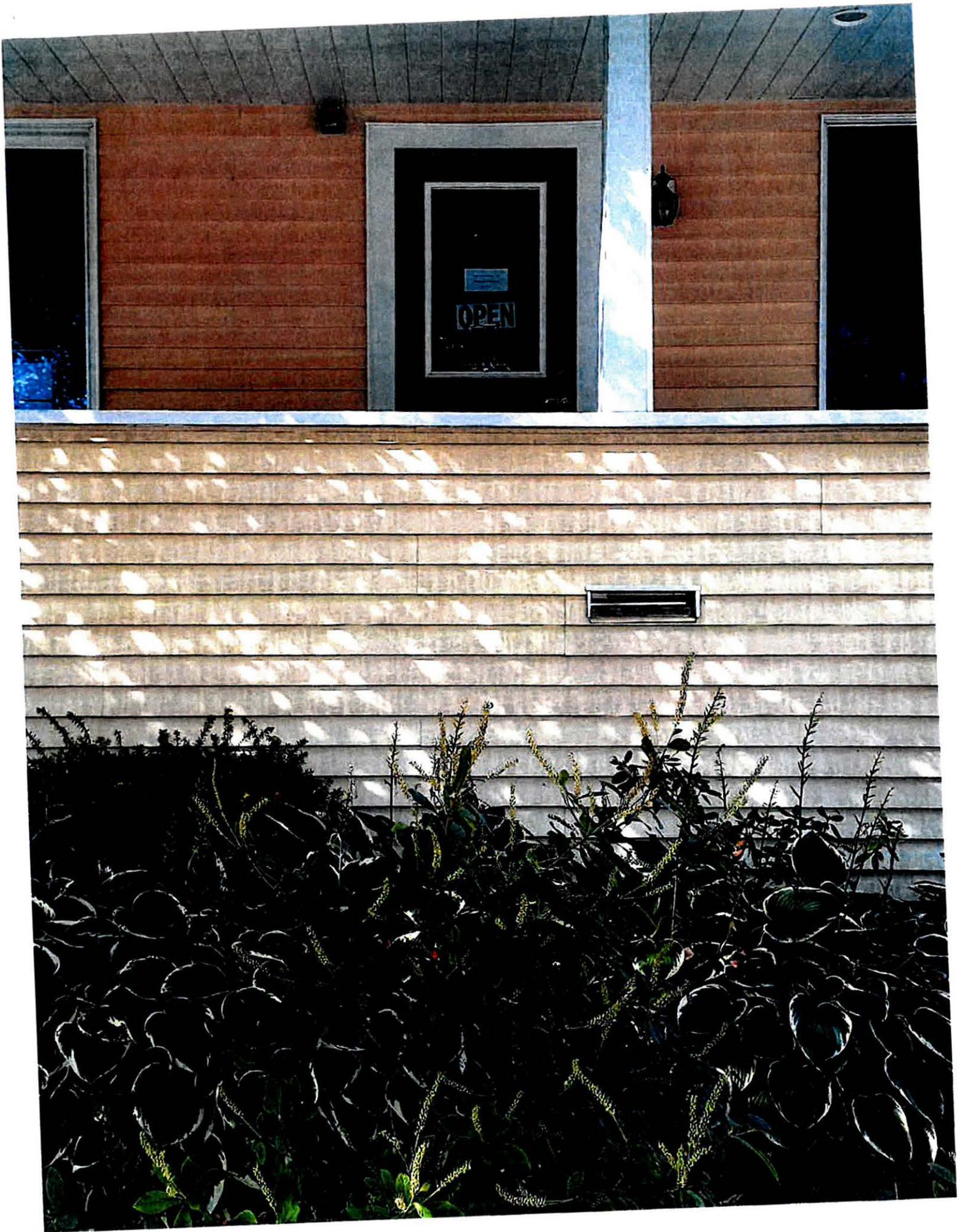
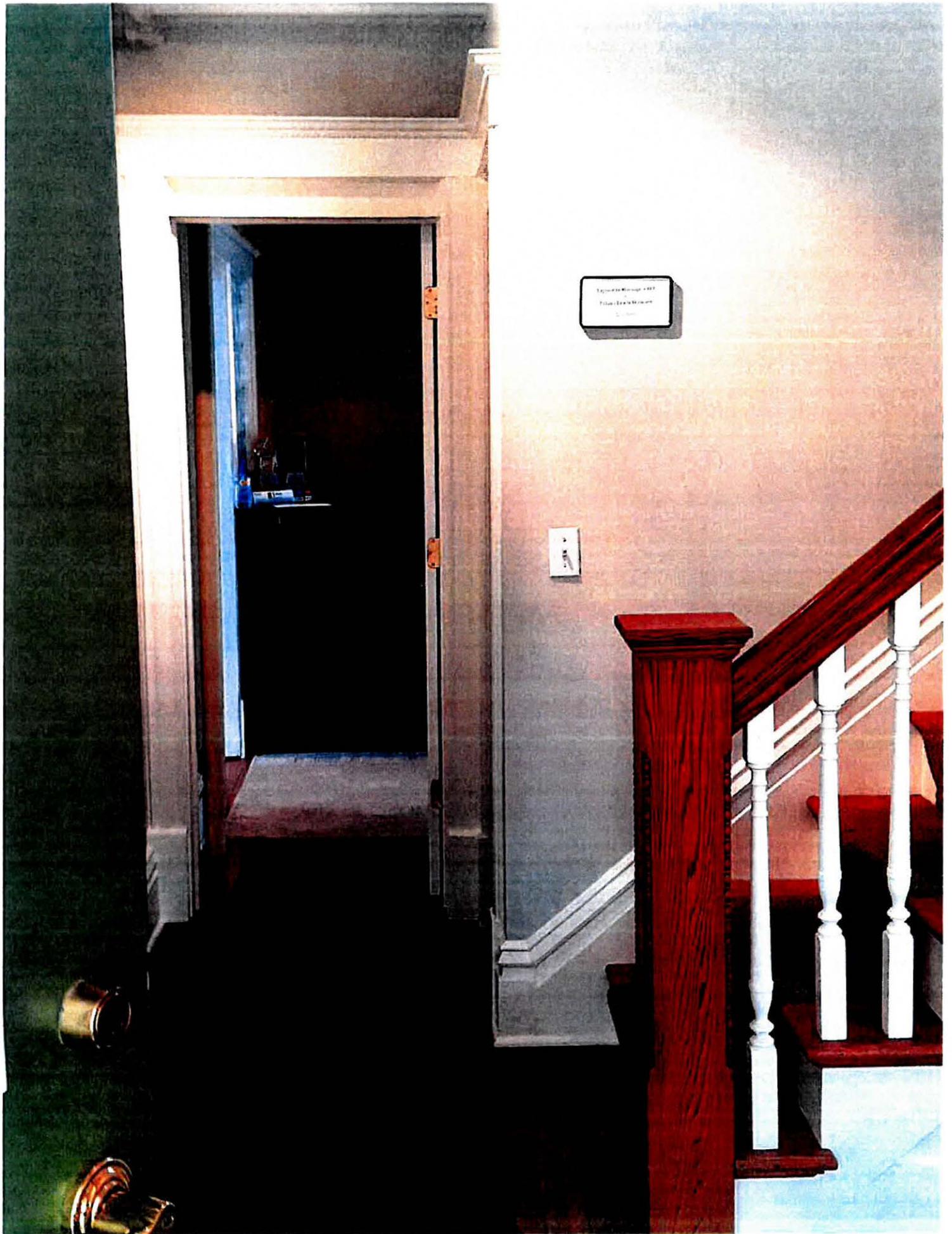


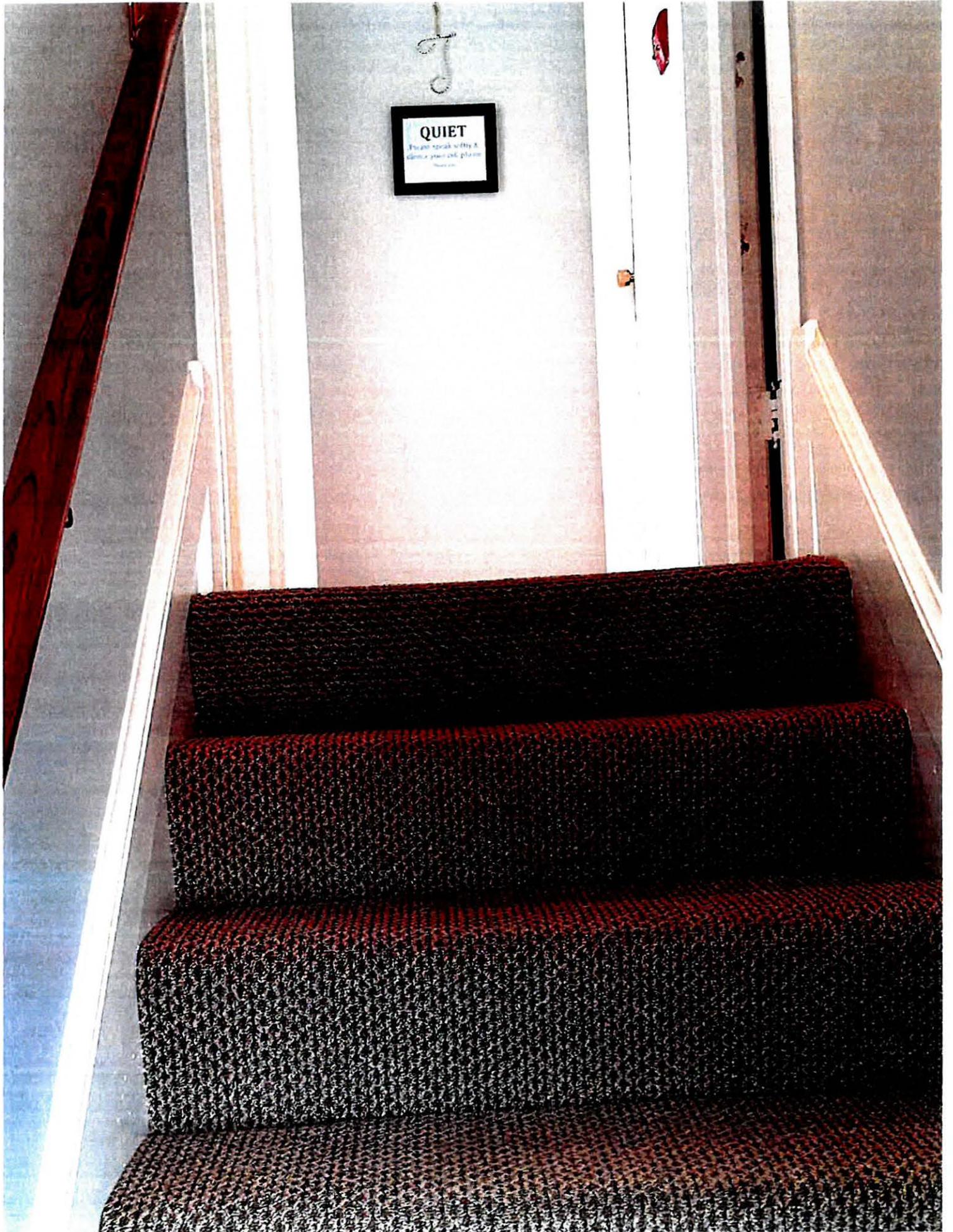
EXHIBIT A
(Upstairs)
Principle Business











QUIET
Please speak softly &
please your neighbors.
Thank you.



