

**AGENDA ITEM EXECUTIVE SUMMARY**

Agenda Item number: 4e

Title:

Recommendation to Approve an Application for a New Massage Establishment License for Annie Nail Spa located at 546 S. Randall Road, Unit C, St. Charles, IL 60174.

Presenter:

Chief Keegan, Police Department

Meeting: Government Operations Committee

Date: September 18, 2017

Proposed Cost: \$

Budgeted Amount: \$

Not Budgeted: ☐**Executive Summary** *(if not budgeted please explain):*

This is a request for a new Massage Establishment License for Annie Nail Spa located at 546 S. Randall Road, Unit C, St. Charles, IL 60174. Background investigations were conducted by a detective of the St. Charles Police Department and reviewed both the site location as well as the corresponding applicant of this massage business license application. Through this investigation, we determined that all the requirements have been met and they are eligible for licensing, subject to City Council Approval.

Pursuant to posting this item on the Government Operations Committee agenda, the Liquor Commission meeting is scheduled at 4:30 p.m., September 18 (same day), to process and move it forward before this committee to seek approval for it to go before the October 2, 2017 City Council for final approval.

Attachments *(please list):*

Massage Establishment Application (front page)

Background Check

Site Plan

Recommendation/Suggested Action *(briefly explain):*

Recommendation to Approve an Application for a New Massage Establishment License for Annie Nail Spa located at 546 S. Randall Road, Unit C, St. Charles, IL 60174.

Police Department

Memo

Date: 9/14/2017
To: Chief Keegan
From: Cmdr. E. Mahan *em 346*
Re: Massage License Background / Annie Nails

The purpose of this memo is to document the background investigation conducted pursuant to a Massage Establishment License Application having been submitted for a business located at 546 S. Randall Rd. Unit C. This is an existing business known as Annie Nails. The business is requesting to add massages as an area of service for their customers.

Business – Type of ownership:

- Individual

Business name and address:

Annie Nails

546 S. Randall Rd. Unit C

St. Charles, IL. 60174

Services to be provided:

- Nails Salon Shop (existing)
- Full body massage service

Premises:

- This business is located in a strip mall near Colonial Café.
- The premise is leased by the applicant.
- The property owner is:

Angel Associates LP

30W180 Butterfield Rd.

Warrenville, IL.

Service, Courage, Professionalism, Dedication



- The term of the lease is:
 - Three year lease. Current lease expires in August 2018.
- Telephone numbers and internet addresses associated with this business:
 - There are no other phone numbers associated with this business
 - This business has no website, facebook page, etc.

Applicant:

Henry Nguyen



Manager/Supervisor:

Anh T. Le



Massage Therapist:

Laura R. Willing



IDPR License # 227.009836

This business has not previously held or applied for a massage license.

A check of St. Charles, Kane County, Elgin, and Geneva police records showed no history regarding violations of any municipal ordinances or state statutes regulating massage parlors or massage practices. As disclosed in the original application, the Manager, Anh Le, had previously been arrested for battery. That occurred in 2012 through the Kane County Sheriff's Office.

A check of the Illinois Department of regulation showed that Laura Willing has an active Massage Therapist License. That license (227009836) expires 12/31/2018.

I spoke with Willing on 091417. She stated that if this local license is granted she will be providing full body massage services. 3 days/week.

Mon & Tue 3:00pm – 7:00 pm

Fri 10:00am – 3:00 pm

Willing stated that she will require that clients keep undergarments on during massages. She stated that the massage room door will not be able to be locked from the inside and that there is an emergency exit for the business located within that room as well. Willing indicated that she was supportive of St. Charles ordinances regulating massages and that she would operate in accordance with them.

I met with Nguyen, Le, and Willing at the business location on 091417 at 3:15 PM. The room which will be used for massage is not furnished yet. Upon arrival of the license they will begin furnishing it and I will conduct a follow up inspection. The room is satisfactory in that the door does not have the ability to be locked. I was informed that the massage service will only be open within normal hours of the nail salon operation. The massage service will be mostly by appointment however, at least initially, they intend to allow for walk-ins. However it is their expectation that the “walk-ins” will be customers who arrive for a nail appointment and then learn that massage service is also now available.

Willing stated that she will not permit any prohibited conduct in the massage room and will immediately exit the room and call 911 if any prohibited conduct by the client takes place. She does anticipate that her clients will likely be existing nail customers and that there will not be an issue with conduct.

Henry Nguyen was fingerprinted at the St. Charles Police Department.

I requested that Anh Le be fingerprinted as well.

Nguyen, Willing, and Le were provided with copies of the City of St. Charles Code 5.20 regarding Massage Establishments.

I found no evidence of this business or any of its employees currently advertising massage services offered.

A copy of the building lease agreement and copy of proof of liability insurance are to be provided prior to 09/18/17.

This concludes this background investigation. Recommend Approval.



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

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 (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: Annie Nail Sales Tax#: 484 17 7933

Business Address: 546 C South Randall Rd Business Phone: 630 940 2488
St. Charles, IL 60174

4. Name of Applicant: Henry Nguyen Home Phone: [REDACTED]

Home Address: [REDACTED] City/Zip: Elgin IL 60123

Social Security #: [REDACTED] Date of Birth: 2/6/70

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:

7. Days/Hours of Operation: Monday - Sunday 9 AM - 8 PM

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

☒ Yes

☐ No

If no, please explain:

9. Name of Manager: Anh T Le Home Phone: [REDACTED]
Home Address: 2315 Gale Ln City/Zip: Elgin IL 60123
Social Security #: 480 31 8171 Date of birth: 11 - 21 - 81

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

Employer: Angel Nails Phone: [REDACTED]
Address: 815 S Randall Rd Occupation: Nails technician
Dates of employment: From: 2013 To: 2016

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:

She had involved fighting with someone about 5 years ago. Then she got probation for 2 years

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: N/A 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 licensees 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: 10' x 11' ft

Approximate total floor area of premises: _____

EMERGENCY
EXIT

11'6" x 10'

MASSAGE
ROOM

BREAK
ROOM

11'4" x 13'2"

BATH

SINK

MAIN ROOM
(NAIL SALON)

31'7" x 23'2"

ANNIE NAILS
546 C SOUTH RANDALL RD.
ST. CHARLES IL 60174
PH: 630-940-2488

FRONT
DOOR

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

This is a nails Salon shop

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: LAURA WILLING Home phone: [REDACTED]
Address: [REDACTED] City/Zip: Geneva IL 60134
Position employed: massage therapist
State of Illinois Massage License Number: [REDACTED]

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: _____

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 *[Signature]*

Signature of Applicant _____

I, Tracey R. 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 17 day of August, 2017.

SEAL

Tracey R. Conti
Notary Public

