

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

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: Government Operations Committee 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.

At the time of the posting to this Government Operations Committee agenda, the Liquor Commission meeting is scheduled at 4:30 p.m. November 21 (same day) to process application and move it forward before this committee to seek approval of said application so it can go before the December 5 City Council for final 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

Office Use Only
Received: 10/14/10
Amount Paid: 300 -
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: 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] ⁷¹⁶ 60256 Occupation: massage therapist
Dates of employment: From: 06/01/16 To: current

Employer: reflexion spa L.L.C Phone: [REDACTED]
Address: [REDACTED] ⁶⁰⁶⁵⁷ Occupation: massage therapist
Dates of employment: From: 09/01/15 To: 03/04/16

Employer: T spa massage Phone: [REDACTED]
Address: [REDACTED] Occupation: massage therapist
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:

NA

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: NA Disposition: NA

Reason: NA Disposition: NA

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: Klong Shen Home phone: 
Address:  City/Zip: Oak Park
Position employed: Manager
State of Illinois Massage License Number: 227.016694

Name: MIN GIAMMARESE Home phone: 
Address:  City/Zip: CHICAGO IL 60634
Position employed: massage therapist manager
State of Illinois Massage License Number: 227.018662

Name: HU YAPING Home phone: 
Address:  City/Zip: HARWOOD HEIGHTS 26 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] oak park ^o . 26. 60302	[REDACTED]	03/24/1971

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

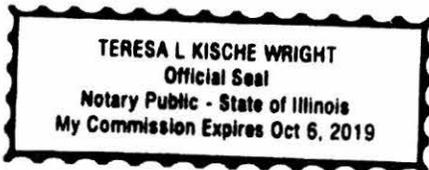
Signature of Applicant _____

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



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



Memo

Date: 10/21/2016
To: The Honorable Ray Rogina, Mayor-Liquor Commissioner
From: James Keegan, Chief of Police *JK*
Re: Background Investigation: Summer Spa-1550 E. Main Street

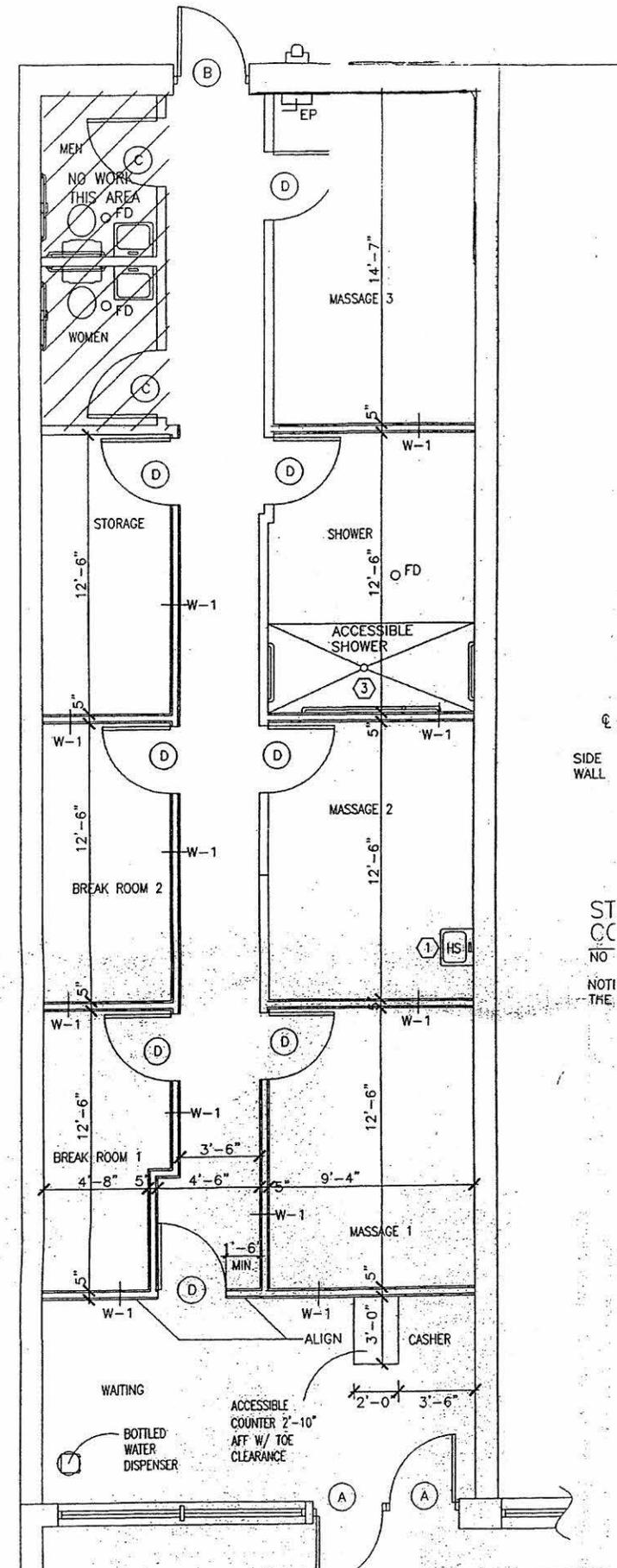
The purpose of this memorandum is to document and forward to your attention the results of the background investigation conducted by members of the St. Charles Police Department concerning the above mentioned establishment located within the Tin Cup Pass Shopping Center.

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.



SIDE WALL
ST
CC
NO
NOTI
THE

CONSTRUCTION PLAN

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