

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

Title:

Recommendation to Approve a Proposal of a Massage Establishment for Tapped In Massage &amp; EFT to be Located at 311 S 2nd Street, St. Charles

Presenter:

Chief Keegan, Police Department

Meeting: Government Operations Committee

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 2<sup>nd</sup> 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.

At the time of the posting to this Government Operations Committee agenda, the Liquor Commission meeting is scheduled at 4:30 p.m., September 19 (same day) to process this application and to move it forward before this committee, to seek approval of said application so it can go before the October 3, 2016 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 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:

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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 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: \_\_\_\_\_

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  
Dates of employment: From: [Redacted] to: [Redacted] & owner

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.

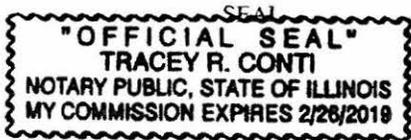
Signature of Applicant *Dan Di*

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. 2<sup>nd</sup> Street (2<sup>nd</sup> Floor)

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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.

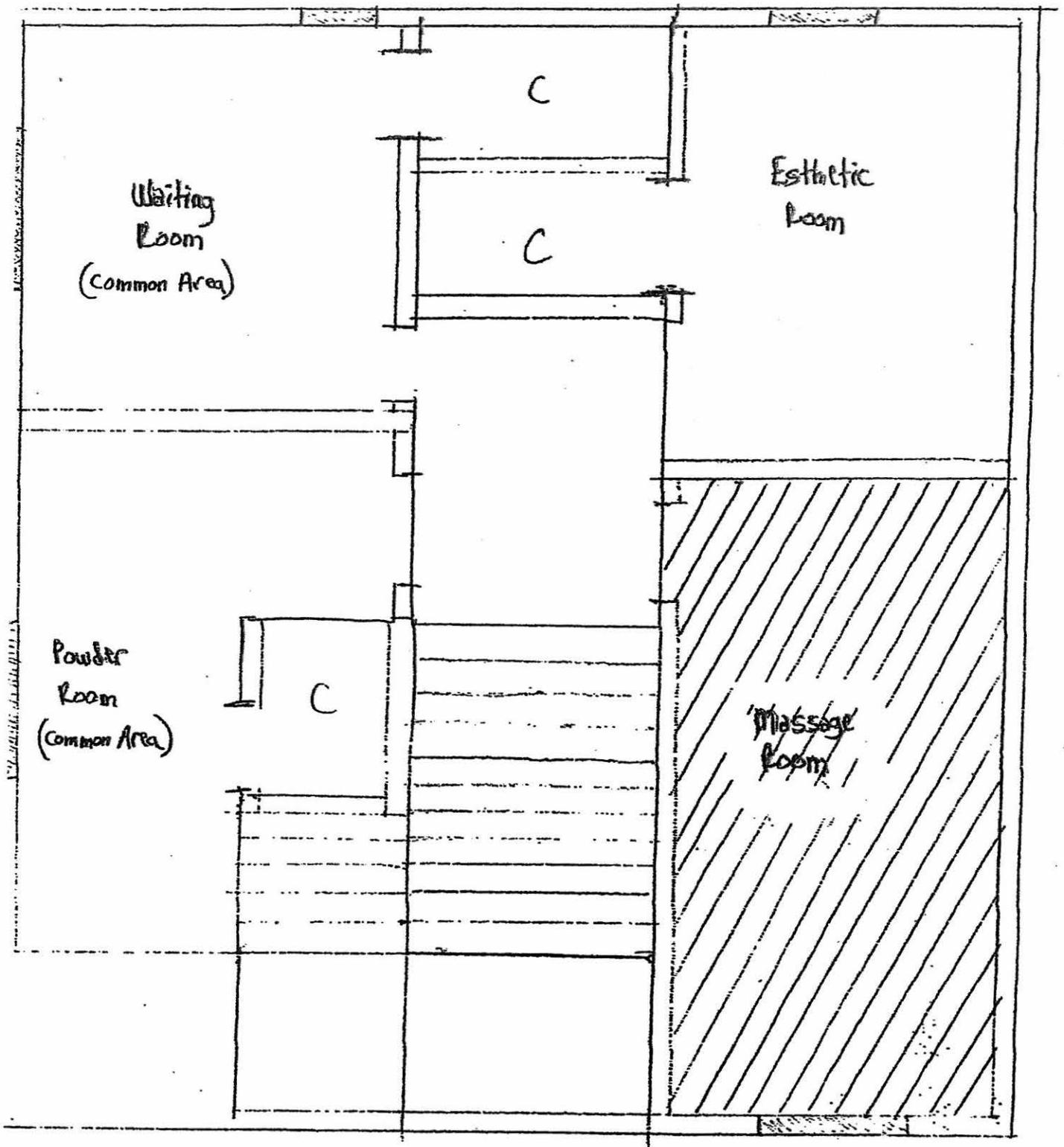
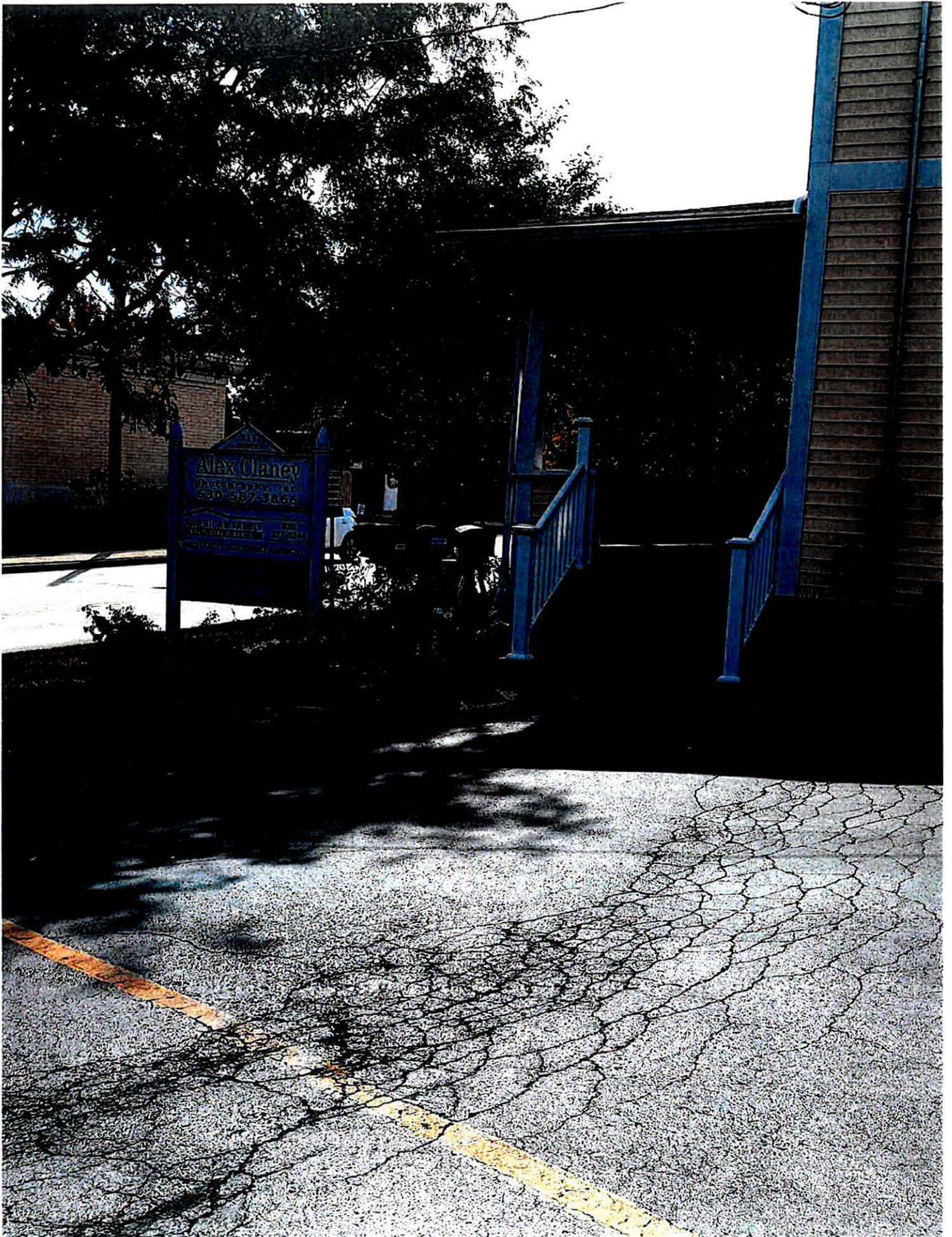
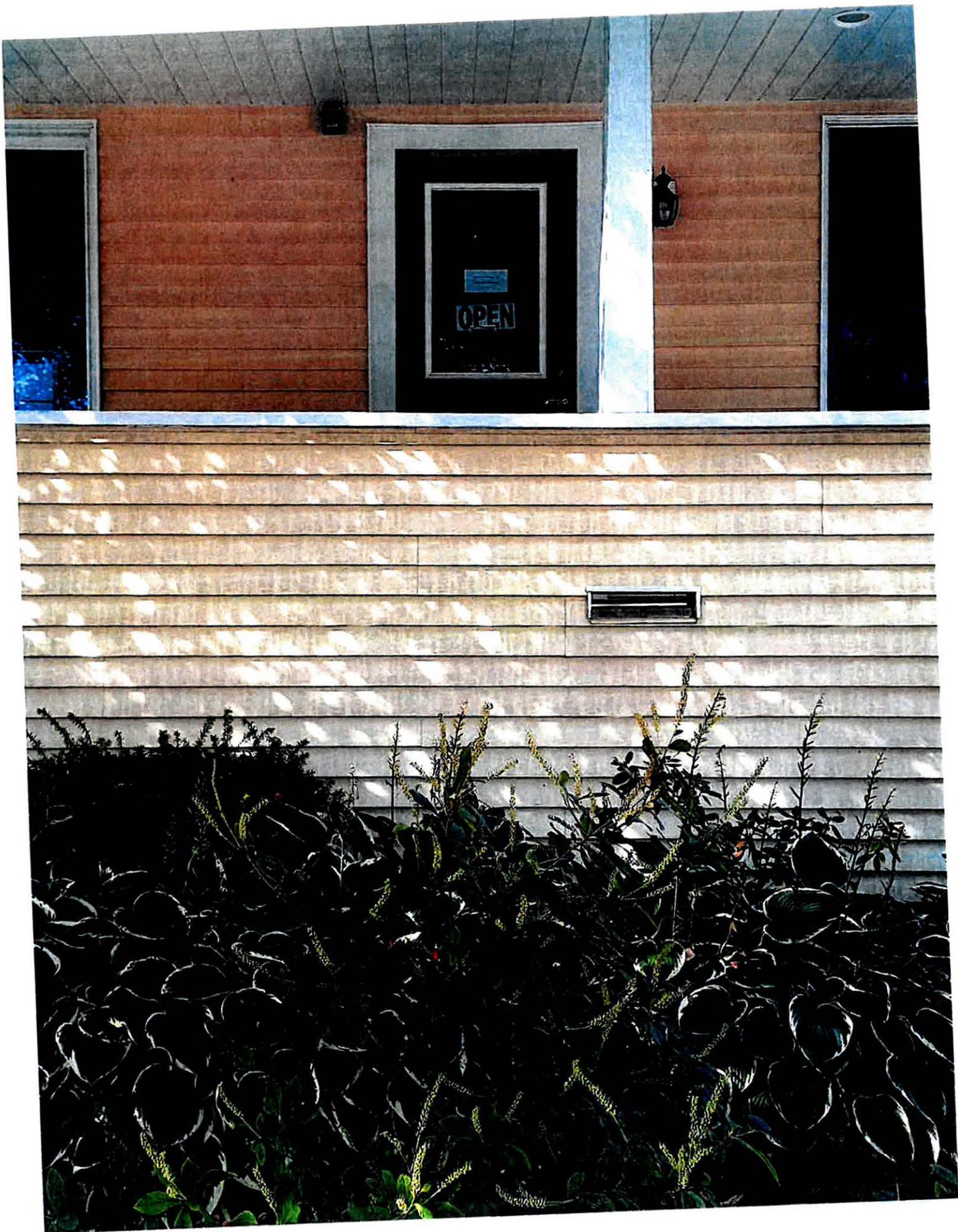
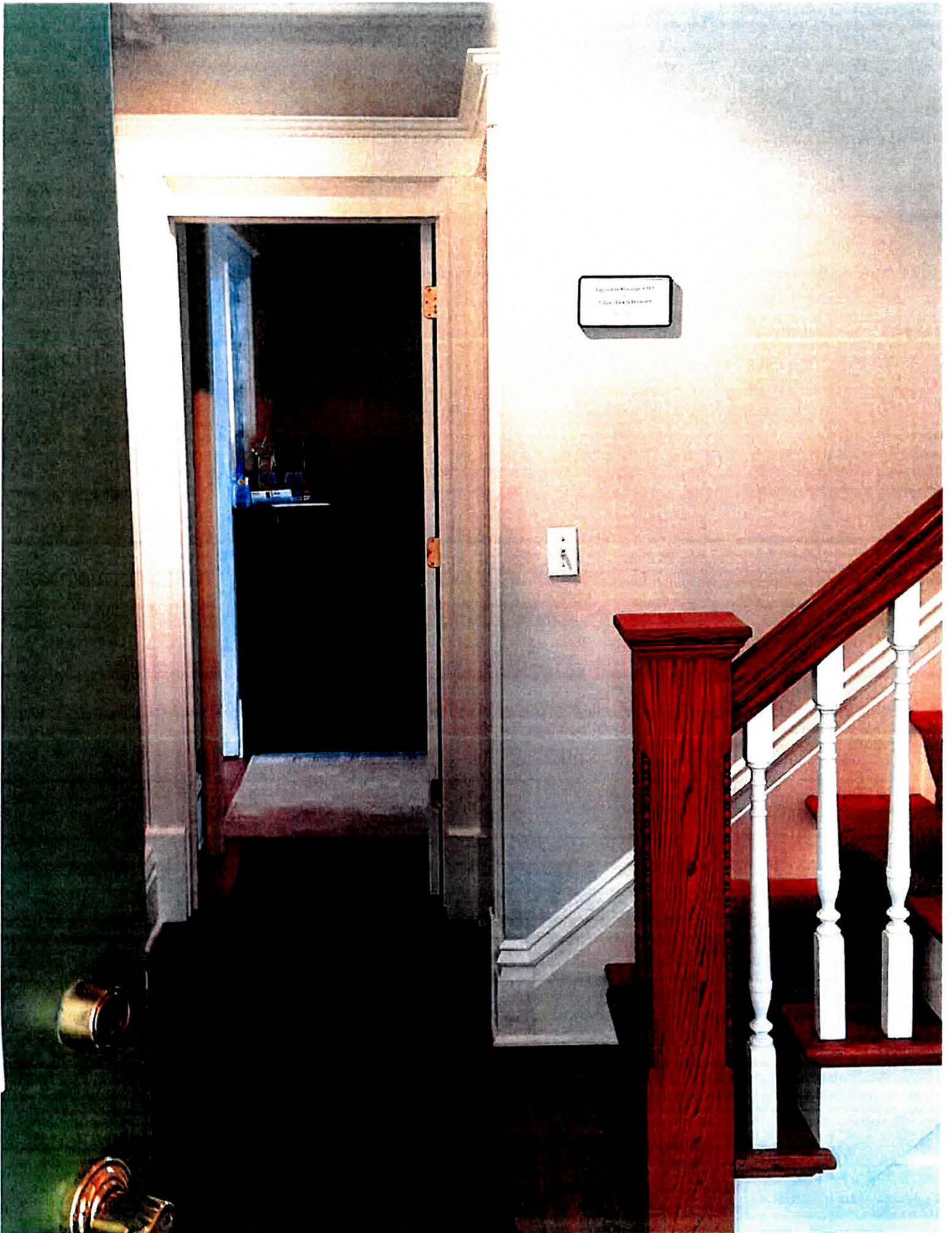


EXHIBIT A  
(upstairs)  
Principle Business









**QUIET**  
Please speak softly &  
please close your cell phone

