

**AGENDA ITEM EXECUTIVE SUMMARY**

Agenda Item number: 4d

Title:

Recommendation to Approve an Application for a New Massage Establishment License for Lotus Aum, LLC located at 317 S. Second Street, 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 Lotus Aum, LLC located at 317 S. Second Street, St. Charles. 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 Lotus Aum, LLC located at 317 S. Second Street, St. Charles, IL 60174.

## Police Department

# Memo

Date: 9/14/2017  
To: Chief Keegan  
From: Cmdr. E. Mahan *em346*  
Re: Massage License Background / Lotus Aum LLC

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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 to be located at 317 S. 2<sup>nd</sup> St. The business, Lotus Aum, is an alternative and holistic health service which plans to offer massage, reiki, meditation, life coaching, and a retail boutique.

Business – Type of ownership:

- LLC

Business name and address:

Lotus Aum LLC

317 S. 2<sup>nd</sup> St.

St. Charles, IL. 60174

Services to be provided:

- Massage
- Reiki
- Meditation
- Life coaching
- Retail

Premises:

- This business is located in a subdivided building at 317 S. 2<sup>nd</sup> St.
- The premise is leased by the applicant.

*Service, Courage, Professionalism, Dedication*



- The building owners are:  
Andy & Kathy Garcia
- The term of the lease is:  
3 years
- Websites and internet addresses associated with this business:
  - [www.LotusAum.com](http://www.LotusAum.com)
  - Lotus Aum Facebook page

Applicant/Business owner:

Shirley A.A. Voss  
310 E. North Av.  
Bartlett, IL. 60103

Manager/Supervisor:

Same

Massage Therapist:

Arian Shogren  
IDPR License # 227017139  
Shirley Voss  
IDPR License # 227018817

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

A check of St. Charles, and Bartlett police records showed no history regarding violations of any municipal ordinances or state statutes regulating massage parlors or massage practices.

A check of the Illinois Department of regulation showed that Arian Shogren has an active Massage Therapist License. That license expires 12/31/2018.

A check of the Illinois Department of regulation showed that Shirley Voss has an active Massage Therapist License. That license expires 12/31/2018.

I met with Shirley Voss at the police department on 09/14/17. She was fingerprinted at that time. I provided Shirley with a copy of City of St. Charles Code 5.20 in regards to Massage Establishments. I explained requirements for this type of business and the various regulations. She indicated that she understood. She described her business as a Holistic wellbeing center for women. She stated no illegal activity will be taking place. The interior of her business is still being remodeled. I will conduct a follow up site visit when it is complete. A sign outside of the facility currently shows that the business will be coming soon.

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 LLC ☐ Partnership ☐ Individual

3. Business Name: Lotus Arom LLC Sales Tax: [REDACTED]  
Business Address: 317 S. 2nd St. Business Phone: 630-748-8338  
Saint Charles 60174 temporary ph. number

4. Name of Applicant: Shirley A.A. Voss Home Phone: [REDACTED]  
Home Address: [REDACTED] City/Zip: Bartlett 60103

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: Sun 11-6, Mon 10-8, Tue Closed, Wed 10-8,  
Thurs 10-8, Fri 10-8, Sat 10-7

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

☒ Yes

☐ No

If no, please explain:

I, ~~the~~ Shirley A.A. Voss, the owner & sole member  
of Lotus Ann LLC will supervise the business  
and act as Manager.

9. Name of Manager: Shirley A.A. Voss Home Phone: [REDACTED]  
Home Address: [REDACTED] City/Zip: Bartlett 60103  
Social Security #: [REDACTED] Date of birth: [REDACTED]

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

Employer: Elements Massage Phone: 630-232-7335  
Address: 507 S. Third St., Geneva Occupation: Licensed Massage  
Dates of employment: From: 03/2016 To: Current Therapist

Employer: Strid-Rite Shoes Phone: This store is now  
Out of Business  
Address: Geneva Commons Occupation: P.T. Sales  
Dates of employment: From: 11/2014 To: 09/2015

Employer: Hallmark Cards (Amy's) Phone: 630-428-3850  
Address: 95th St & Rt. 59 Naperville Occupation: Sales Associate II  
Dates of employment: From: 9/2012 To: 03/2014 (Key Holder)  
Transferred to Fox Valley Mall Location  
as Asst. Manager from 03/2014 - 11/2014  
Fox Valley Mall Location is no longer open



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

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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 # 227018817 Status: Active

Issuing authority: IDFPR # 476317491 Status: Expired

see additional sheet

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: NA

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: 1200 sq ft or less

Approximate floor area devoted to Massage stations: 110 sq ft ; two rooms

Approximate total floor area of premises: 1200 sq ft.

Rough sketch of  
Floorplan for  
Lotus Aura LLC  
317 S. 2nd St  
St. Charles IL

W



Bathroom

Message Therapy  
Room 1

Meditation Rm

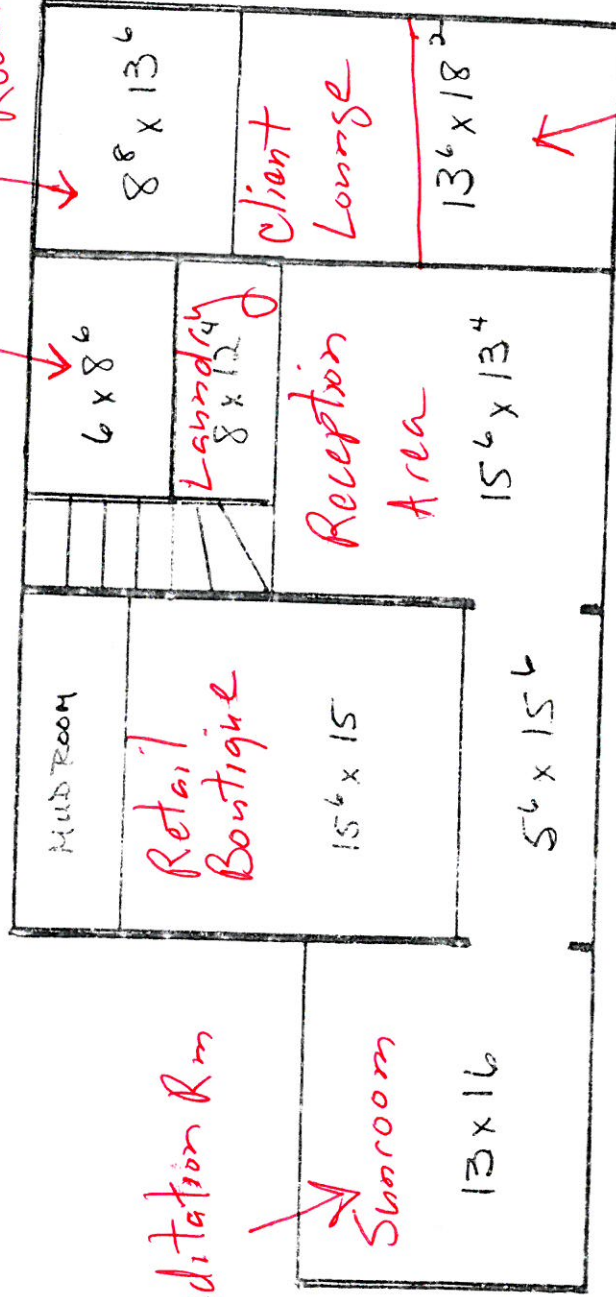
Sunroom

Retail  
Boutique

Reception  
Area

Client  
Lounge

Message Therapy  
Room 2



N

S

2



Illinois Department of Financial and  
Professional Regulation

## Lookup Detail View

*Business Owner & Manager*

## Contact

## Contact Information

Name	City/State/Zip	DBA/KA
SHIRLEY A VOSS	Bartlett, IL 60103	

## License

## License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Sponsor	Ever Disciplined
476317491	Licensed Real Estate Salesperson	EXPIRED	02/15/1990	02/15/1990	03/31/1991		N

## Other Licenses

## Other Licenses

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
227018817	Licensed Massage Therapist	ACTIVE	03/22/2016	12/23/2016	12/31/2018	N

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Illinois Department of Financial and  
Professional Regulation*Employee***Lookup Detail View****Contact**

## Contact Information

Name	City/State/Zip	DBA/AKA
ARIAN M SHOGREN	Pingree Grove, IL 60140	

**License**

## License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
129279903	PERMANENT EMPLOYEE REGISTRATION	NOT RENEWED	01/04/2005	06/15/2011	05/31/2012	N

**Other Licenses**

## Other Licenses

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
227017139	Licensed Massage Therapist	ACTIVE	06/26/2014	12/27/2016	12/31/2018	N

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

~~Esthetician~~, Reiki, Aromatherapy, Meditation groups,  
Mindfulness classes, Life coaching, Boutique

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: Arjan M. Shogren Home phone: [REDACTED]  
Address: [REDACTED] City/Zip: Progress Grove, IL 60140  
Position employed: Licensed Massage Therapist  
State of Illinois Massage License Number: [REDACTED]

Name: Shirley A.A. Voss Home phone: [REDACTED]  
Address: [REDACTED] City/Zip: Bartlett, 60103  
Position employed: Owner, Manager, Licensed 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: \_\_\_\_\_

**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
100% Shirley AA Voss	[REDACTED]	[REDACTED]	[REDACTED]

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: NA

**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 Shirley AA Voss

Signature of Applicant \_\_\_\_\_

I, ORION C. CAREY, 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 5 day of SEPTEMBER, 2017.

SEAL

Orion C. Carey  
Notary Public

