

**AGENDA ITEM EXECUTIVE SUMMARY**

Agenda Item number: 5

Title:

Recommendation to Approve a Proposal of a Massage Establishment for Spa Elysian, 457 Dunham Road, Ste. 118, St. Charles

Presenter:

Chief Keegan, Police Department

Meeting: Liquor Control Commission

Date: December 19, 2016

Proposed Cost: \$

Budgeted Amount: \$

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

This is a request for a Massage Establishment license for Spa Elysian located at 457 Dunham Road, St. Charles. Background investigation was conducted by a detective of the St. Charles Police Department as well as the site inspection. Through this investigation, we determined that all the requirements have been met and the applicant, Ashley Elysian, is eligible for a licensing subject to City Council approval. This business will be an appointment only facility.

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 Spa Elysian, 457 Dunham Road, Ste. 118, 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:	_____
Amount Paid:	_____
Receipt:	_____

MASSAGE 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: Spa Elysian Sales Tax#: _____

Business Address: 457 Dunham Road Business Phone: 847-385-1210
Suite 118

4. Name of Applicant: Asnely Pilarzski Home Phone: _____

Home Address: _____ City/Zip: West Chicago 60185

Social Security #: _____ Date of Birth: _____

Driver's License #: _____ Issuing State: Illinois

****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 - Saturday - By Appointment

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

Yes

No

If no, please explain:

I am the owner and will also be the one managing the spa. Right now I am the only person working in the spa.

9. Name of Manager: Ashley Pilarski Home Phone: [REDACTED]
Home Address: [REDACTED] City/Zip: WST Chicago 60185
Social Security #: [REDACTED] Date of birth: [REDACTED]

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

Employer: Beaute By Sylvie Phone: N/A

Address: N/A Permanently closed Occupation: Esthetician

Dates of employment: From: 8/15 To: 5/16 Boutique Manager

(I had 2 very part time, brief jobs while in school during this gap)

Employer: Elgin Community College Phone: 847-497-1000

Address: 1700 Spartan Drive Occupation: Food Service Employee
Elgin IL 60123

Dates of employment: From: 8/13 To: 8/14

Employer: Giananos Pizza Phone: 630-465-6000

Address: 27 W 193 Geneva Road Occupation: Front Desk
Winfield IL 60190

Dates of employment: From: 4/15 To: Current (take orders, ring customers)
Part time evening job

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

Kind of yes, kind of no. clients must request an appointment at least one hour in advance.

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

N/A

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: _____ N/A _____ 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: _____

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

I am an esthetician and currently the only person working in the spa. I perform facial treatments and waxing services. Looking to hire massage Therapist.

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.

N/A - I haven't hired one yet.

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: _____

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

Ashley P. Laufer

Signature of Applicant

I, CHRISTINE NILLES, 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

15th day of November 2016.

Christine Nilles

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: 11/18/2016
To: The Honorable Ray Rogina, Mayor-ATM Commissioner
From: James Keegan, Chief of Police
Re: Background Investigation: Spa Elysian-475 Dunham Road, Suite 118

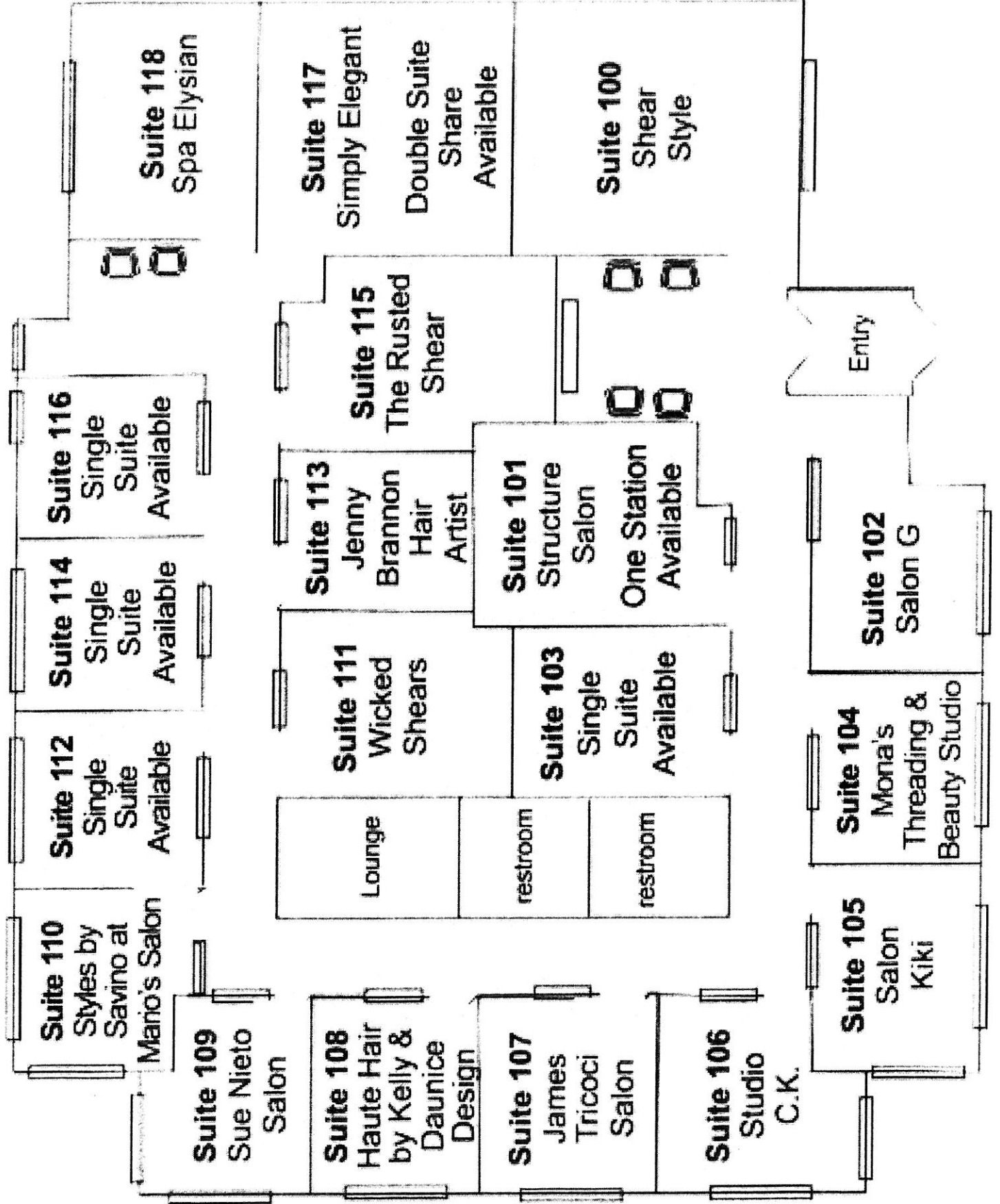
The purpose of this memorandum is to document and forward to your attention the results of the background investigation conducted by members of the St. Charles Police Department concerning the above mentioned establishment.

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.

The owner and operator, Ashley Elysian, only offers facials and waxing treatments as of right now. She plans on hiring a massage therapist once she is licensed by the City. This will be an appointment only facility.

Thank you in advance for your consideration in this matter.



Suite 110
Styles by Savino at Mario's Salon

Suite 112
Single Suite Available

Suite 114
Single Suite Available

Suite 116
Single Suite Available

Suite 109
Sue Nieto Salon

Suite 108
Haute Hair by Kelly & Daunice Design

Suite 111
Wicked Shears

Suite 113
Jenny Brannon Hair Artist

Lounge

Suite 107
James Tricoci Salon

Suite 103
Single Suite Available

Suite 101
Structure Salon One Station Available

Suite 115
The Rusted Shear

Suite 117
Simply Elegant Double Suite Share Available

Suite 100
Shear Style

Suite 106
Studio C.K.

Suite 105
Salon Kiki

Suite 104
Mona's Threading & Beauty Studio

Suite 102
Salon G

Entry

