

**AGENDA ITEM EXECUTIVE SUMMARY****Agenda Item Number: 5b****Title:**

Recommendation to approve an Application for a New Massage Establishment License for The Healing Path located at 1121 E Main St, St. Charles, IL

Presenter:

Police Chief Keegan

Meeting: Government Operations Committee **Date:** August 17, 2020

Proposed Cost: \$

Budgeted Amount: \$

Not Budgeted: ☐

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

Please see the attached information regarding this recommendation.

Pursuant to this item being presented at the Government Operations Committee Meeting on August 17, 2020 to seek approval; it will be brought before the Liquor Control Commission at a meeting scheduled for 4:30 pm, the same day, to process and move it forward to this Committee. This item will then continue on to the City Council Meeting scheduled on September 8, 2020 for final approval.

Attachments *(please list):*

Massage Establishment Application

Background Check

Site Plan

Business Plan

Recommendation/Suggested Action *(briefly explain):*

Recommendation to Approve an Application for a New Massage Establishment License for The Healing Path located at 1121 E Main St, St. Charles, IL.



Memo

Date: 8/11/2020

To: The Honorable Ray Rogina, Mayor-Liquor Commissioner

From: James Keegan, Chief of Police

Re: Background Investigation-The Healing Path – 1121 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.

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 also 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 City Council approval.

Thank you in advance for your consideration in this matter.



Memo

Date: 08-14-2020

To: Chief Keegan (via chain of command)

From: Det. Larsen #373

Re: Massage Therapist / Chastity Jensen

The purpose of this memo is to document the background investigation of Chastity A. Jensen pursuant to her application for a Massage Establishment License for The Healing Path.

Applicant

Jensen, Chastity Ann



- Jensen currently resides at the above address in Geneva, IL. Jensen has been residing at this address for approximately three months.
- The Geneva police department has no negative contacts with Jensen.
- Jensen has no negative contacts through our department's New World System.
- Jensen has no negative contacts through the Aegis Link System.
- Jensen is IL resident and is a U.S. Citizen.
- Jensen's maiden name is Chastity A. Peterson. This name was checked along with her current name in all the same data bases with no negative contacts found.
- Jensen stated she has resided at addresses in Geneva for the last 13 years. Geneva police have one traffic contact with Jensen.
- A search of the Kane County and DuPage County circuit clerk's websites yielded a traffic citation issued to Jensen under the name Peterson in 1989.

Service, Courage, Professionalism, Dedication



- Jensen plans on moving her existing massage business (The Healing Path) to St. Charles. The business will be located at 1121 E. Main St. Suite # 127, St. Charles, IL 60174.
- Batavia Enterprises Real Estate manages the property and has yet to sign a lease with Jensen. Batavia Enterprise Real Estate who will not allow Jensen to occupy the suite without a license. Batavia Enterprise Real Estate employee Nick Scanlan confirmed Jensen will be allowed to sign a lease to occupy the suite if she obtains a license. No site inspection was completed.
- Jensen stated prior to the pandemic her business was located at 117 Flinn St. Batavia, IL. Batavia Police have no contacts with Jensen.
- At this time Jensen will be the only massage therapist and employee of the business.
- Jensen submitted a set of fingerprints to the St. Charles Police Department. The response has yet to be received.
- Jensen advised that the 356 square foot suite will be divided into an office/lobby area and a massage area. She provided a physical layout of the business when she submitted her application to the city of St. Charles. (See attached business floor plan.)
- Jensen stated she attended the Elgin Community College Massage Therapy Program, where she obtained her State of Illinois Massage Therapy License #227018518. Elgin Community College police department advised they had no contacts with Jensen.
- I logged onto the Illinois Department of Financial & Professional Regulation website. A check of Jensen's massage license number came back valid and in good standing with no discipline.
- I logged into TLOxp, law enforcement database, and conducted a check on Jensen's social security number. It registered to her and did not list any additional licenses registered to Jensen. There was no criminal history.
- Jensen was provided an electronic copy of Local Ordinance 5.20 and was told to review the requirements of the Massage Therapist License.

- Jensen provided me with a copy of her liability insurance for herself. Jensen is covered under the American Massage Therapy Association (AMTA) with Professional Liability Occurrence Coverage \$2,000,000 per claim. (See attached copy).

This concludes this background investigation.

CITY OF ST. CHARLES
TWO EAST MAIN STREET
ST. CHARLES, ILLINOIS 60174-1984



DEPARTMENT: MAYOR'S OFFICE

PHONE: 630.377.4422

MASSAGE ESTABLISHMENT LICENSE APPLICATION

NON-REFUNDABLE

Annual License Application Fee: \$250.00

Fingerprint Fee: \$50.00 (if new owner)

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 and a current certificate of insurance must be included with this application.

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

2. Please select the option that best describes your business:

☐ Corporation

☐ Partnership

☒ Individual

3. Business Name: The Healing Path Sales Tax#: [REDACTED]

Business Address: 1121 E. Main St #127 Business Phone: 630-251-7124

4. Name of Applicant: Chastity Jensen Home Phone: [REDACTED]

Home Address: [REDACTED] City/Zip: [REDACTED]

Email Address: [REDACTED] 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 or ordinance violation? (other than minor traffic offences):

☐ Yes

☒ No

6. If yes, explain in detail:

7. Days/Hours of Operation: 9am - 4pm Mon-Sat

8. Will the business be supervised and conducted by a manager?: Yes/No No

If no, please explain:

Individually owned and operated
No employees will be working for owner

9. Name of Manager: NA Home Phone: _____
Home Address: _____ City/Zip: _____
Social Security #: _____ Date of birth: _____

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

Employer: The Healing Path Phone: 

Address: Geneva / ~~two~~ locations Occupation: Therapeutic
massage

Dates of employment: From: 2015 To: Present

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 No

If yes, explain in detail:

12. Will you operate by appointment only? Yes/No Yes

13. If you answered Yes to #12, will walk-ins be accepted? Yes/No NO

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

Issuing authority: License - Ill State Status: Good - Current

Issuing authority: Permits - Geneva Township Status: Good - Current

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 NO

16. If any prior licenses/permits have been revoked/suspended, state the reason and disposition:

Reason: N/A Disposition: _____

Reason: N/A 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****

Approx sq ft of principal business: 356 Massage stations 1 Premises 1

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

Therapeutic massage and stretching
for injury and/or trauma

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. ~~REDACTED~~

Name: Chastity A. Jensen Home phone: 630-251-7124

Address: 1786 Allen Dr. City/Zip: Geneva 60134

Position employed: Owner and operator of Business

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 ~~NA~~

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 Charity Aplemon

Signature of Applicant Charity Aplemon

I, CARRIE PLEMONS, 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 28th day of July, 2020.

SEAL

Carrie Aplemon
Notary Public



The Healing Path
1121 E main St
St. Charles
#127 (lower level)

Rx 64

entrance

Massage
Room

Office

↑
ENTRY

Hall

parking