CITY OF ST. CHARLES ILLINOIS • 1834	**AGENDA ITEM EXECUTIVE SUMMARY**	**Agenda Item Number: 5d**
	Title:	Recommendation to Approve a Proposal for a New Massage License Application for Annie Nails located at 546 S. Randall Road, St. Charles, IL
	Presenter:	Police Chief Keegan

Meeting: Government Operations Committee **Date**: January 19, 2021

Proposed Cost: $	Budgeted Amount: $	Not Budgeted: ☐

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

Annie Nails is an existing nail salon. A therapist and operator would like to rent space from Annie Nails to provide massage services.

Please see the attached information regarding this recommendation.

Pursuant to this item being presented at the Government Operations Committee Meeting on January 19, 2021 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 February 1, 2021 for final approval.

Attachments (*please list*)**:**
Massage Establishment Application, Background Check , Site Plan, Business Plan, COI

Recommendation/Suggested Action (*briefly explain*)**:**
Recommendation to approve an application for a new massage establishment license for Annie Nails located at 546 S. Randall Road, St. Charles, IL.

Police Department

ST. CHARLES
SINCE 1834

Memo

Date: 12/23/2020

To: The Honorable Ray Rogina, Mayor-ATM Commissioner

From: James Keegan, Chief of Police

Re: Background Investigation: Annie Nails-546 S. Randall Road-Candy Kessler

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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 with one caveat. I asked Community Development to visit this location and opine on the rear massage room and the gap in the dividing wall between the rented massage room and the supplies room to ensure code compliance. Although the separation wall is code compliant, I have reservations in allowing this type of environment. I am resonate of clients changing both before/after massage appointments and possible privacy concerns. Furthermore, the landlord/tenant was resistant to install either privacy partitions or modify the separation wall. Aggravating my concerns was a ladder I observed in the utility/supply room. I would respectfully ask that a condition of this license is the installation of additional privacy equipment.

The therapist and operator, Candy Kessler, will be renting space from Annie Nails and will offer appointment only services during COVID but will accept walk-ins when allowed to do (this will require a second person/manager-supervisor on site). Candy is licensed by the Village of Streamwood and conducts in-home massages within their municipality. They reported no issues with her licensure. She is also licensed as a massage therapist through the State of Illinois.

Annie Nails previously rented the aforementioned space out to a previous therapist in 2018-19 but that lease was not renewed and the space has sat vacant/unused. Additionally, a subject was founding "resting" in the aforementioned massage room when officers arrived for a site visit. The landlord/tenant was admonished concerning this type of practice and how it relates to both our massage code and building code.

Thank you in advance for your consideration in this matter.

Police Department

ST. CHARLES
SINCE 1834

Memo

To: Commander Eric Majewski

From: Detective John Losurdo

Re: Massage License Background: Candy M. Kessler

Applicant

Candy M. Kessler

[redacted]

Reviewed & approved
Chief Keegan
J.K.
12-16-20

On 11/04/2020 the City of Saint Charles received a Massage License application from Kessler with a prospective address of 546 S. Randall Rd. #C. I spoke with Kessler over the phone and she relayed she was going to be renting a room from Annie Nail located at the same address, which is where she would be performing massages. Kessler explained that she currently holds a Massage License with Streamwood and that she does house visits. Kessler explained that she would continue to run that massage business (Dulce Mobile Massage) in addition to the one she is applying for in Saint Charles. Kessler said her name has changed several times and that the following are all names she has legally gone by:

LCC/GOC
1-19-21
(Tuesday)

- Dulce M. Serna
- Dulce M. Pico
- Dulce M. Kessler
- Candy M. Kessler

Kessler explained that her last name changed from Serna to Pico when she got married and then she got divorced and her name changed to Kessler when she got remarried. Additionally, Kessler's first name changed to Candy when she became a U.S. citizen. Kessler provided a copy of her liability insurance as well as a copy of her insurance certificate with the American Massage Therapy Association.

Records Check

I ran Kessler through TLOxp which showed she had been arrested before in 1994 under the name Dulce M. Serna (Elk Grove PD #1994300032401). The charges in that arrest were:

- Driving While License Suspended
- Resisting/Obstructing a Peace Officer

The following Circuit Clerks were checked with their respective results:

- DuPage County Circuit Clerk has no contacts with Kessler.
- Kane County Circuit Clerk has no contacts with Kessler.
- Cook County Circuit Clerk has no contacts with Kessler.

I checked the following databases yielding their respective results:

- New World – no contacts
- Aegis Link – no contacts

The following police agencies were checked for contacts with their respective results:

- Streamwood – four contacts
  - 18-6306: caller for a person down incident
  - 18-7219: caller for a medical incident
  - 20-2932: non-involved subject that was questioned during a neighborhood canvass for possible security footage of an incident
  - 20-4379: non-involved subject that contact was attempted with during a neighborhood canvass due to a Burglary to Motor Vehicle in the area
- Hoffman Estates – two contacts in 2012
  - 12-15336: involved party in a verbal argument
  - 12-5345: victim of fraud
- Saint Charles – none
- Addison – one contact: Kessler was a victim in a "Domestic Trouble" incident
- Carol Stream – none
- Palatine – two petty traffic tickets
- Wheeling – none
- Elk Grove – on contact (arrest)
  - In 1994 Kessler was arrested for driving on a suspended Illinois driver's license. Kessler physically resisted being placed under arrest and resisted walking to a squad once physically restrained.
- Hanover Park – one contact
  - HP09032296: victim/complainant in a threats complaint

Site Visit

On 11/10/2020 I did a site visit of Annie Nails/Massage Therapy. Upon entering the business, I was greeting by a young male employee. The male employee walked me over to a back room which contained the only secondary exit/entrance to the unit. Inside this room was a female who was lying on a sleeping bag that was rolled out onto the floor. The female identified herself as being the girlfriend of the owner of Annie Nails and appeared to be very nervous at the fact that I observed her taking a nap. The female explained to me that the room she was taking a nap in would be the room that is going to be rented out to Kessler. The female showed me an expired Massage License through Saint Charles that was valid from 2018-2019 and issued to Annie Nails (#8422-2). Due to a language barrier, I could not ascertain as to why Annie Nails did not keep up with the license. I examined the room and saw that the wall separating the room for an adjacent back room had a one foot gap at the top of it making it possible for someone in the other room to look over.

I looked up the previous massage license held by Annie Nails. The license does not appear to have ever been involved in any violations. I ran the license holder through the Illinois Department of Financial and Professional Regulation which shows the license holder has never been disciplined.

Miscellaneous

I contacted Streamwood in reference to Dulce Mobile Massage and was informed they have not had any issues with that business.

I checked Kessler's Illinois Massage Therapist License through the Illinois Department of Financial and Professional Regulation which showed Kessler's license to be active and her to have never been disciplined.

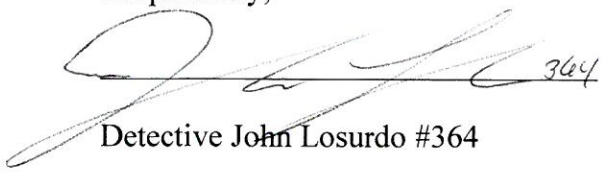
Kessler was initially fingerprinted on 11/05/2020. Response from the Illinois State Police Bureau of Identification stated that there was an error in the "Cost Center". Kessler was re-fingerprinted on 11/13/2020 and we have yet to receive the results.

On 12/14/2020 Kessler finally provided me with a hand-drawn floorplan for the business.

All record checks for Kessler were done so searching for all known names used by Kessler.

This concludes my liquor license background investigation of Candy M. Kessler.

Respectfully,



Detective John Losurdo #364

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

ST. CHARLES
SINCE 1834

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: Massage Therapy Sales Tax#: _____

   Business Address: 546 S Randall Rd Unit C Saint Charles, IL 60174 Business Phone: 630-940-2488

4. Name of Applicant: Candy Kessler Home Phone: [redacted]

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

   Email Address: dulcemobilemassage@gmail.com 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: Monday thru Sunday 10.00 am to 6.00 pm
   * Varies with my schedule

8. Will the business be supervised and conducted by a manager?: (Yes)/No_____

If no, please explain:

_____

_____

_____

9. Name of Manager: myself Home Phone:_____

Home Address:_____ City/Zip:_____

Social Security #:_____ Date of birth:_____

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

Employer: Dulce Mobile Massage Phone: 847-420-2345

Address: 2 Horseshoe Ct Streamwood Occupation: Massage Therapist

Dates of employment: From: 2014 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)_____

If yes, explain in detail:

_____

_____

_____

_____

12. Will you operate by appointment only? Yes/No Due to Covid 19 appointments only

13. If you answered Yes to #12, will walk-ins be accepted? (Yes)/No When allow

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****

Approx sq ft of principal business:_____Massage stations_____Premises_____

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

Nail SPA

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: _____ 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 Candy M Kessler

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.

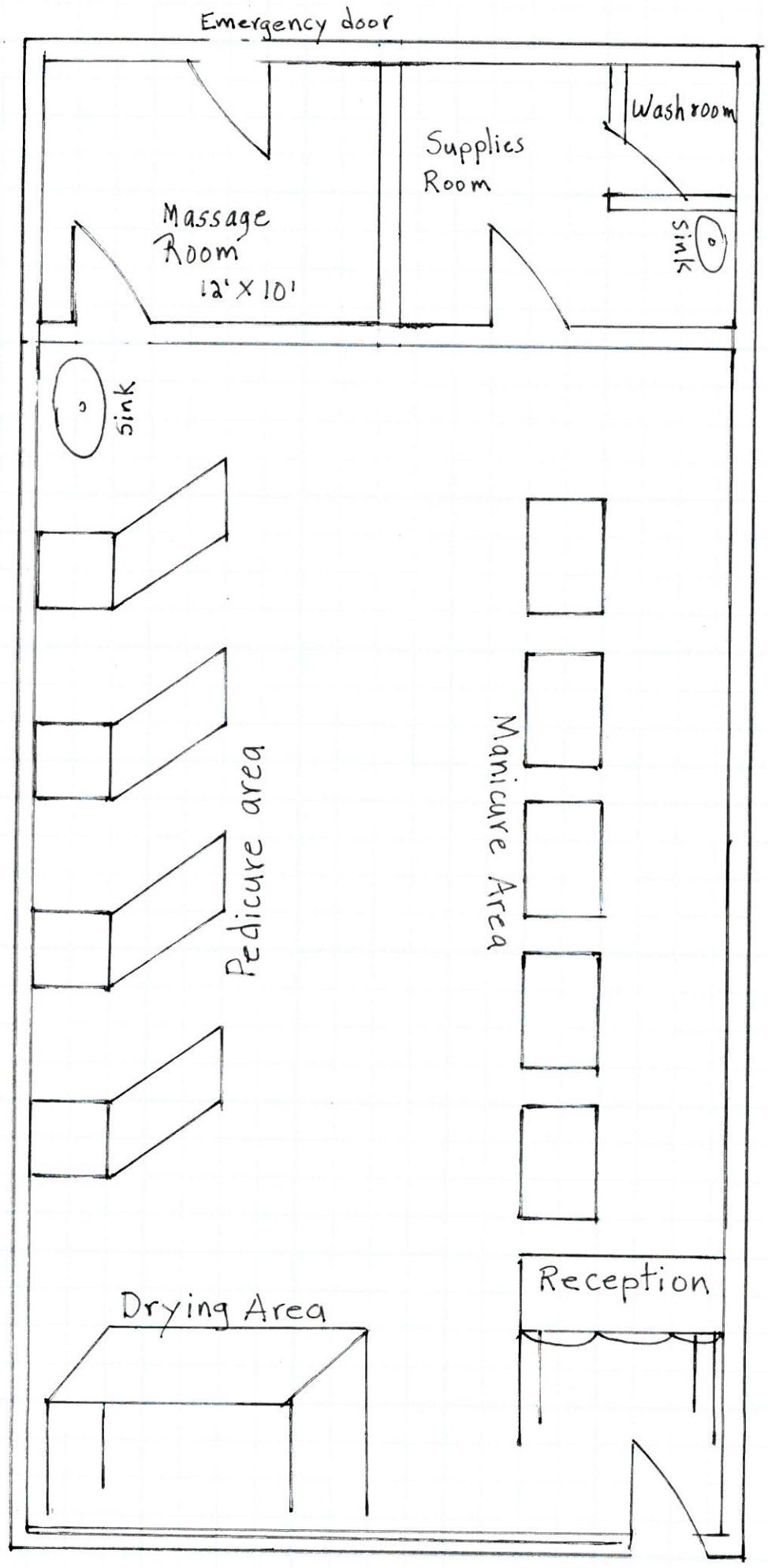
Given under my hand and notarial seal this 4 day of November, 2020.

SEAL

Notary Public

"OFFICIAL SEAL"
TRACEY R CONTI
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 2/26/2023

Annie Nails
546-C South Randall Rd
Saint Charles, IL 60174



1/4 = 5 Feet

1,200 Square Feet

State of Illinois

Department of Financial and Professional Regulation

Division of Professional Regulation

LICENSE NO
227.017705

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below

EXPIRES:
12/31/2020

LICENSED MASSAGE THERAPIST

CANDY M KESSLER
[redacted]

DEBORAH HAGAN
SECRETARY

CECILIA ABUNDIS
ACTING DIRECTOR

The official status of this license can be verified at www.idfpr.com

13540831

Cut on Dotted Line

For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 3878549

LICENSE NO
227.017705

Department of Financial and Professional Regulation
Division of Professional Regulation

LICENSED MASSAGE THERAPIST

CANDY M KESSLER

EXPIRES
12/31/2020

DEBORAH HAGAN
SECRETARY

CECILIA ABUNDIS
ACTING DIRECTOR

The official status of this license can be verified at www.idfpr.com

Cut on Dotted Line

HPSO
Healthcare Providers Service Organization℠
Especially for members of the American Massage Therapy Association

10/26/2020

Candy M Kessler
[redacted]

Dear Candy M Kessler:

We have added the requested entity as an additional insured on your Professional Liability policy. Enclosed is the Additional Insured Coverage Verification Form reflecting this change. Be sure to retain a copy for your records.

Please contact us at 1-888-253-1474 if we can be of further assistance. Our office hours are Monday through Friday from 8:00 am until 6:00 pm EST.

Sincerely,

Anthony Cogbill
Healthcare Providers Service Organization

ADDITIONAL INSURED COVERAGE VERIFICATION

Insured:
American Massage Therapy Association
500 Davis Street
Evanston, IL 60201
Master Policy Number: HPG 0289955556

Enrolled Member Name and Address:
Candy M Kessler
[redacted]

Enrolled Member Effective Date:
From: 05/01/2020 **Expiration Date:** 05/01/2021

Administered By:
Healthcare Providers Service Organization
Affinity Insurance Services, Inc.
1100 Virginia Drive, Suite 250
Fort Washington, PA 19034

Insurance Company:
Columbia Casualty Company
A CNA Company

Additional Insured:
Annie Nail
546 S Randall Rd
Saint Charles, IL 60174

Limits
Each Claim: $2,000,000
Aggregate: $6,000,000
Fire & Water Legal Liability sublimit: $100,000
Subject to the Master Policy Aggregate

_ **Professional Liability Coverage Extension for Additional Insureds**

The coverage set forth in Section I, Coverage Agreement is extended to any additional insured but only as respects such additional insured's liability arising out of a medical incident by the enrolled member, and solely to the extent that:

1. a professional liability claim is made against the enrolled member and the additional insured; and
2. in any ensuing litigation arising out of such claim, the enrolled member and the additional insured remain as co-defendants.

In no event is there any coverage provided under this policy for acts, errors or omissions of the additional insured.

Additional Insured means any person or entity that an enrolled member is required to add as an additional insured by written contract or agreement for professional services. The written contract or agreement must be:

1. Currently in effect or become effective during the term of the enrolled member's certificate period; and
2. Executed prior to the injury or damage.

X **General Liability Coverage Extension for Additional Insureds**

The coverage set forth in Section I, Coverage Agreement is extended to any additional insured but only as respects such additional insured's liability arising out of premises they own, maintain or control while the enrolled member leases or occupies these premises, and solely to the extent that:

1. a general liability claim is made against the enrolled member and the additional insured; and
2. in any ensuing litigation arising out of such claim, the enrolled member and the additional insured remain as co-defendants.

In no event is there any coverage provided under this policy for an occurrence that is the direct liability of the additional insured.
The written contract or agreement must be:

1. Currently in effect or becoming effective during the term of this policy; or
2. Executed prior to the injury or damage.

Additional Insured means any person or entity that an enrolled member is required to add as an additional insured by written contract or agreement.

amta | Certificate of Insurance

AMTA Member ID#: 1306526
Candy M Kessler
[redacted]

AMTA Member Classification: PROF W

Enrolled Member Effective Date: 05/01/2020 - 04/30/2021

Coverage for enrolled member's business is limited to claims arising from enrolled member's professional services.

Administered By:
Healthcare Providers Service Organization
Affinity Insurance Services, Inc.
1100 Virginia Drive, Suite 250
Fort Washington, PA 19034

Insurance Company:
Columbia Casuality Company
A CNA Company

TYPE OF INSURANCE	MASTER POLICY NUMBER	LIMITS *(per enrolled member)*
Professional Liability Occurrence Coverage	**0289955556**	**$2,000,000 each claim / $6,000,000 aggregate** Subject to the Master Policy Aggregate

Coverage if afforded to AMTA Members for a period of 12 months concurrent with the Enrolled Member Effective Date or until membership is terminated or expires. Student Enrolled membership expires on the last fat of the month in which the Student Enrolled Member graduates. No coverage is afforded to Student Enrolled Members for providing message therapy services outside of school sanctioned and directed activities. If the AMTA Master Policy is non-renewed or cancelled, the AMTA Member's coverage under this policy will terminate upon the expiration of the Enrolled Member Effective Date and will not be renewed. The Master Policy Aggregate may be reduced by claims paid on behalf of other insureds.

ADDITIONAL COVERAGES *(included in Professional Liability Limits specified above)*

- General Liability
- Products Liability
- Host Liquor Liability
- Personal Injury Liability
- Good Smaritab Liability
- Malplacement Liability
- Fire & Water Legal Liability (subject to $100,000 sub limit)

COVERAGE EXTENSIONS	COVERAGE EXTENSION LIMITS
License Protection	$10,000 per proceeding / $25,000 aggregate
Defendant Expense Benefit	$10,000 aggregate
Deposition Representation	$2,500 per deposition / $5,000 aggregate
Asssault (excluding Texas)	$10,000 per incident / $25,000 aggregate
Medical Payments	$2,000 per person / $100,000 aggregate
First Aid	$2,500 aggregate
Damage to Property of Others	$10,000 aggregate

This material is intended to provide a general overview of the products and services offered. Coverage for enrolled member's business is limited to claims arising from enrolled member's professional services. Only the policy can provide the actual terms, coverage's, amounts, conditions and exclusions.
Please contact HPSO at 1-888-253-1474 directly for a free copy of the complete policy.

HPSO
Healthcare Providers Service Organization

AMTA Coverage

AMTA Members are covered for professional services for which the enrolled member is licensed, certified, accredited or professionally trained to perform as a massage therapist. Student Enrolled members are covered only got those services for which the Student Enrolled Member is professionally trained to perform while engaged in school sanctioned and directed activities. If an enrolled member practices in an jurisdiction which governs massage therapy services, then massage therapy services means those services for which the enrolled member is licensed, certified, accredited, trained or qualified to perform within the scope of practice recognized by the governmental regulatory agency responsible for maintaining the standards of the profession of massage therapy. Professional services also mean the enrolled member's massage therapy services while acting as a member of a formal accreditation, standards review, or similar professional board or committee, including the directives of such board of committee.

As a AMTA enrolled member covered by the AMTA insurance program, enrolled members are responsible for and expected at all times to be familiar and current with all laws, regulations, etc. in their state of practice that governs their profession as a massage therapist.

Modality Exclusions

Any acts, error or omissions involving the activities designated below are excluded. This list is subject to review and change by AMTA.

Colon hydrotherapy, nutritional or dietary counseling, personal training, Pilates, religious healing, procedures that use fire, cupping therapy with use of heat, ear candling, saunas, sun training treatments other that topical tanning lotions or sprays, procedures which penetrate the skin or body cavities either manually or with other methods of intrusion other than manual soft tissue manipulation of the oral or nasal cavities.

Diagnosis, prescription, or service in the capacity of any other profession or branch of healthcare or medicine for which a license to practice is required by law including chiropractic, dentistry, dermatology, naprapathy, naturopathy, nursing, orthopedics, osteopathy, physical therapy, podiatric, psychiatry, psychology and psychotherapy.

Additional Information

An AMTA membership card in conjunction with this notice should serve as acceptable evidence of insurance to anyone requesting proof of your professional liability coverage. If you have any additional questions concerning the AMTA Professional Liability Insurance Plan, please call our insurance administrator, HPSO, toll free at 1-888-253-1474. We are dedicated to giving you the best service possible and thank you for the opportunity to provide this insurance and membership to you. Please also feel free to call AMTA with questions or comments.

Reporting claims

Please call HPSO toll free at 1-888-253-1474 for claims reporting procedures or refer to the AMTA Professional Liability Benefits Guide.

Additional Insured Requests

Please call HPSO tool free at 1-888-253-1474 for additional insured requests.

This program is underwritten by Columbia Causality Company, a CNA company and is offered through the Healthcare Providers Service Organization Risk Purchasing Group. This material is intend to provide a general overview of the products and services offered, Only the policy can provide the actual terms, coverage's amounts, conditions and exclusions.

HPSO
Healthcare Providers Service Organization

Healthcare Provider Service Organization (HPSO) is a division of Affinity Insurance Services, Inc., in CA (License #0795465), MN and OK, AIS Affinity Insurance Agency and NY, AIS Affinity Insurance Agency

amta
american massage therapy association

Certificate of Insurance

AMTA Member ID#: 1306526
Candy M Kessler
[redacted]

AMTA Member Classification: PROFINST

Enrolled Member Effective Date: 05/01/2018 to 04/30/2019

Coverage for enrolled member's business is limited to claims arising from enrolled member's professional services.
Business Name:

Administered By:
Healthcare Providers Service Organization
Affinity Insurance Services, Inc.
1100 Virginia Drive, Suite 250
Fort Washington, PA 19034

Insurance Company:
Columbia Casualty Company
A CNA Company

TYPE OF INSURANCE	MASTER POLICY NUMBER	LIMITS *(per enrolled member)*
Professional Liability Occurrence Coverage	[redacted]	**$2,000,000 each claim/$6,000,000 aggregate** Subject to the Master Policy Aggregate

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ADDITIONAL COVERAGES *(included in Professional Liability Limits specified above)*

- General Liability
- Products Liability
- Host Liquor Liability
- Personal Injury Liability
- Good Samaritan Liability
- Malplacement Liability
- Fire & Water Legal Liability *(subject to $100,000 sub limit)*

COVERAGE EXTENSIONS	COVERAGE EXTENSION LIMITS
License Protection	$10,000 per proceeding / $25,000 aggregate
Defendant Expense Benefit	$10,000 aggregate
Deposition Representation	$2,500 per deposition / $5,000 aggregate
Assault (excluding Texas)	$10,000 per incident / $25,000 aggregate
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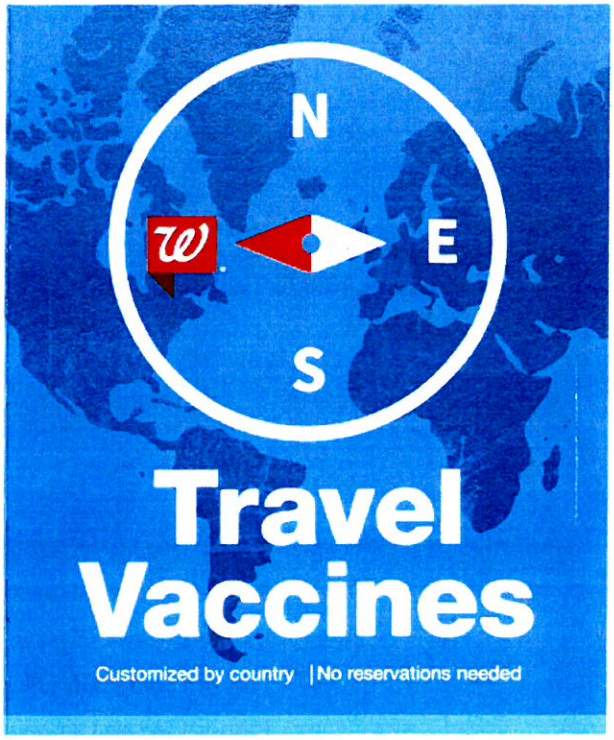
HPSO
Healthcare Providers Service Organization

Rev. 7/2018



Walgreens Trusted since 1901™

Our pharmacists will recommend vaccines, prescriptions and over-the-counter medications based on your travel itinerary and health history.

*Vaccines subject to availability. State-, age- and health-related restrictions may apply.

Talk to your pharmacist or visit Walgreens.com/TravelHealth to learn more

Illinois Department of Financial and Professional Regulation

Lookup Detail View

Contact

Contact Information

Name	City/State/Zip	DBA / AKA
CANDY M KESSLER	STREAMWOOD, IL 60107	

License

License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
227017705	Licensed Massage Therapist	ACTIVE	01/22/2015	01/02/2019	12/31/2020	N

Generated on: 11/9/2020 10:45:39 AM