

**AGENDA ITEM EXECUTIVE SUMMARY**

Agenda Item number: 6

Title:	Recommendation to Approve a Proposal of a Massage Establishment for Mixology Salon Spa, 116 W Main Street, St. Charles
Presenter:	Chief Keegan, Police Department

Meeting: Liquor Control Commission Date: November 21, 2016

Proposed Cost: \$ Budgeted Amount: \$ Not Budgeted: **Executive Summary** *(if not budgeted please explain):*

This is a request for a Massage Establishment license for Mixology Salon Spa located at 116 W Main Street, 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, Phoebe Falese, is eligible for licensing subject to City Council 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 Mixology Salon Spa, 116 W Main Street, 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: Mixology Salon Spa Sales Tax#: ~~7222222222~~
Business Address: 116^W MAIN Street Business Phone: (630) 549-6870
St. Charles IL, 60174

4. Name of Applicant: Phoebe Falise Home Phone: _____

Home Address: _____ City/Zip: _____

Social Security #: _____ Date of Birth: _____

Driver's License #: _____ Issuing State: _____

****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: M - Closed Tue Fri. - 9-9 Sat. 8-4 Sun. 10-4

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

Yes No

If no, please explain:

Phoebé Falase
Taylor Falase

9. Name of Manager: Phoebé Falase / Taylor Home Phone: [REDACTED]
Home Address: [REDACTED] City/Zip: St. Charles 60175
Social Security #: [REDACTED] Date of birth: [REDACTED]

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

Employer: Taylor Stevens Phone: [REDACTED]
Address: [REDACTED] Occupation: Stylist
Algonquin, IL 60102
Dates of employment: From: 2005 To: 2014 1 year

Employer: Mario Tricoli Phone: [REDACTED]
Address: [REDACTED] Occupation: Stylist
Geneva
Dates of employment: From: 2007 To: 2014

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: 5200 sq. ft.

Approximate floor area devoted to Massage stations: 100 sq. ft.

Approximate total floor area of premises: 5200 sq. ft.

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

HAIR, COLOR, MAKEUP, MEN'S GROOMING,
WEDDING SERVICES, MANICURE, PEDICURE

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: BREANN KLYDAL Home phone: [REDACTED]

Address: [REDACTED] City/Zip: SOUTH BLOOM, IL 60177

Position employed: MASSAGE THERAPIST [REDACTED]

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

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
<u>Phoebé Falase</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>
<u>Sue Henry</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>
<u>Both 50% Shareholder in Company / Both owners</u>			
<u>St. Charles IL 60175</u>			

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

[Handwritten Signature]

Signature of Applicant

I, Phoebé Falase, 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 15 day of November, 2016.



[Handwritten Signature]
 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: Mixology Salon-116 W. 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 found nothing of a derogatory nature that would preclude either the site location or the applicant(s) from moving forward with a massage license, subject to Council/Commission approval.

Please see the attached materials for further information.

Thank you in advance for your consideration in this matter.

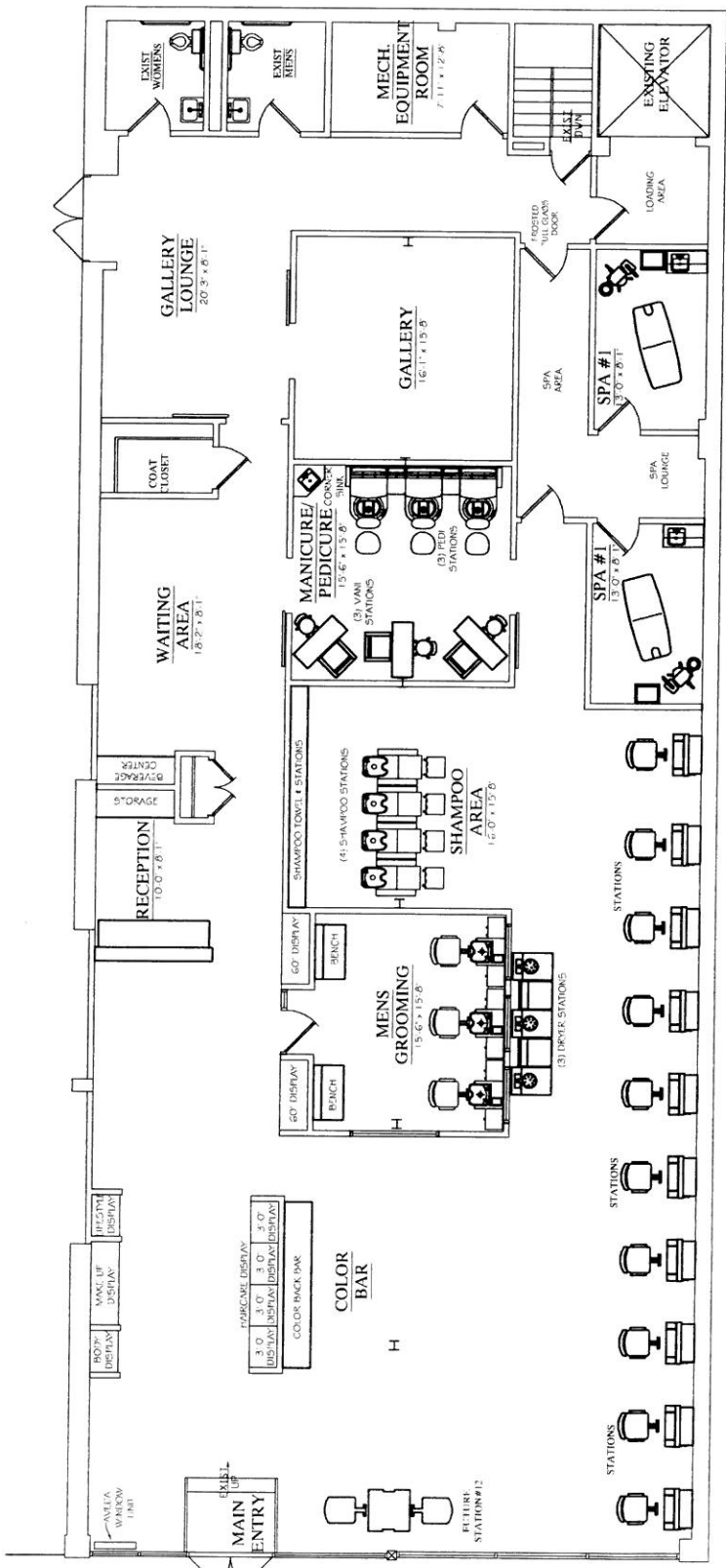
Behnders
INTERIOR DESIGN GROUP

PROJECT NAME	MIXOLOGY
OWNER	PHOEBE
ADDRESS	100 W. MAIN STREET ST CHARLES, IL 60174
DATE	
DESCRIPTION	
DATE	01-15-18
DESCRIPTION	1st Revision: Revise to Meet Owner's
DATE	01-15-18
DESCRIPTION	1st Revision: Revise to Meet Owner's
DATE	01-15-18
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DATE	01-15-18
DESCRIPTION	1st Revision: Revise to Meet Owner's

WALL KEY	Now Work
	Work in Progress
	Previously Worked
	Notes to be removed

This Salon Design (cad file) was submitted by others for the insertion of Behnders Interiors USA LLC claims no responsibility or liability for any repercussions resulting from said placement. The client has been made aware of all areas of concern.

Some of the furniture in this plan is being Custom Designed at this time. Verify all sizes, electrical & plumbing requirements for this project.



Equipment depicted on plan should not exceed space allowed on this layout.

CUSTOM SALON DESIGN