



ST. CHARLES
SINCE 1834

AGENDA ITEM EXECUTIVE SUMMARY

Title: Recommendation to Approve a Proposal for Nine Massage Establishment Licenses Located in the City of St. Charles

Presenter: Deputy Chief Huffman

Please check appropriate box:

<input type="checkbox"/>	Government Operations	<input type="checkbox"/>	Government Services
<input type="checkbox"/>	Planning & Development	<input type="checkbox"/>	City Council
<input type="checkbox"/>	Public Hearing	<input checked="" type="checkbox"/>	Liquor Control Commission (5/18/15)

Estimated Cost:		Budgeted:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If NO, please explain how item will be funded:

Executive Summary:

This is a request for a nine new massage establishment licenses located in the City of St. Charles.
Please see the attached memo for specific details on each establishment.

Attachments: *(please list)*

Memo
Massage Establishment Application (front page)
Site Plan for each establishment listed

Recommendation / Suggested Action *(briefly explain):*

Recommendation to approve a proposal for nine Massage Establishment Licenses located in the City of St. Charles.

For office use only: Agenda Item Number: #11

City of St. Charles

Office of the Mayor

Two East Main Street

St. Charles, Illinois 60174-1984

Phone: 630-377-4455 • Fax: 630-377-44400

Office Use Only

Received: _____

Amount Paid: _____

Receipt: _____

SAGE 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

NOTE: Applicant must be fingerprinted by the St. Charles Police Department and must provide two passport-size photographs (1" x 1.5" head and shoulders area, face 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: Shangri-La Massage & SPA Sales Tax#: _____

Business Address: 2015 Dean St. 7A Business Phone: _____

4. Name of Applicant: Lifa Jiang Home Phone: _____

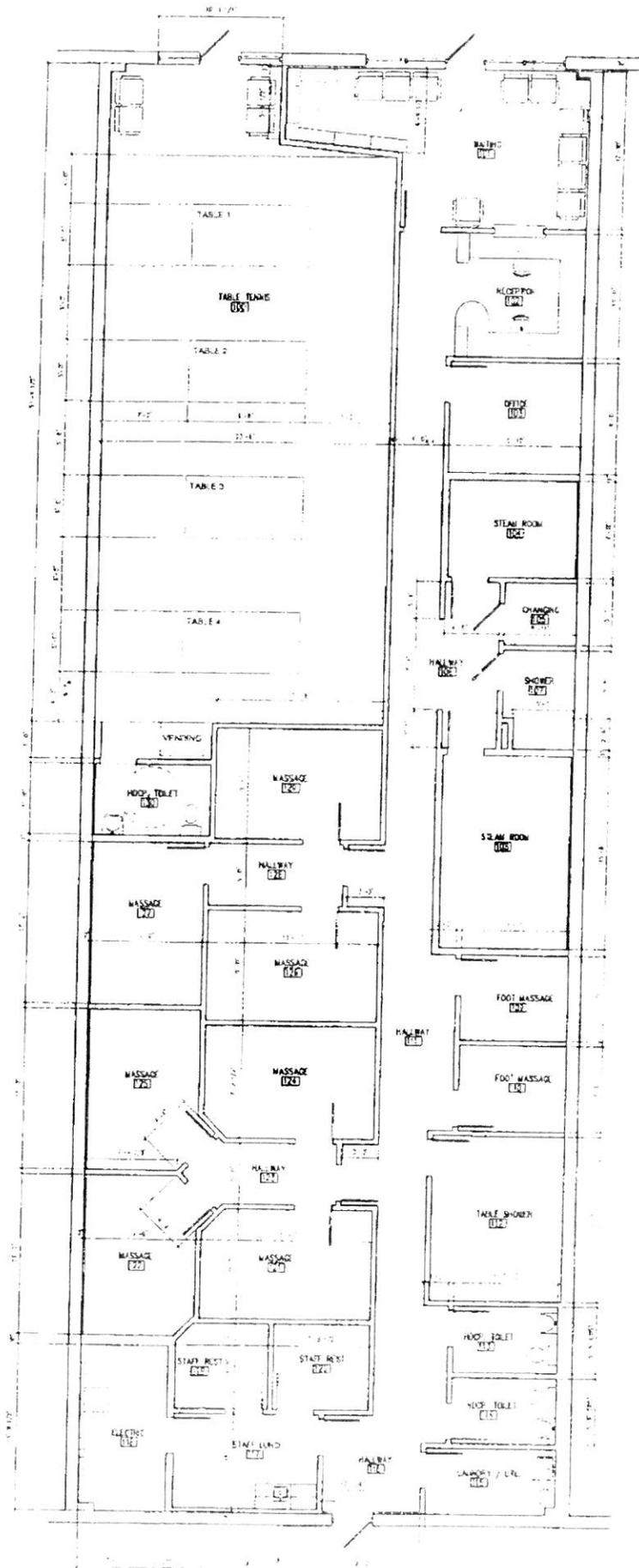
Must include a photocopy of government issued identification card.

5. Have you ever been convicted of a criminal ordinance violation (other than minor traffic offences):

Yes

No

6. If yes, explain in detail:





ST. CHARLES
SINCE 1814

City of St. Charles Office of the Mayor

Two East Main Street
St. Charles, Illinois 60174-1984
Phone: 630-377-4455 • Fax: 630-377-44400

Office Use Only	
Received:	_____
Amount Paid:	_____
Receipt:	_____

MESSAGE ESTABLISHMENT LICENSE APPLICATION

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1. New License Application Renewal Application Application Change

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

Corporation; Partnership Individual

3. Business Name: XSport Fitness Sales Tax#: 2824-8279

Business Address: 238 N. Randall Rd., St. Charles, IL 60174 Business Phone: 630-443-1043

4. Name of Applicant: Xtreme Fitness, Inc. Home Phone: _____

Home Address: _____ City/Zip: Big Rock, IL 60511

Social Security #: N/A Date of Birth: N/A

Driver's License #: N/A Issuing State: N/A

****Must include a photocopy of government issued identification card.**

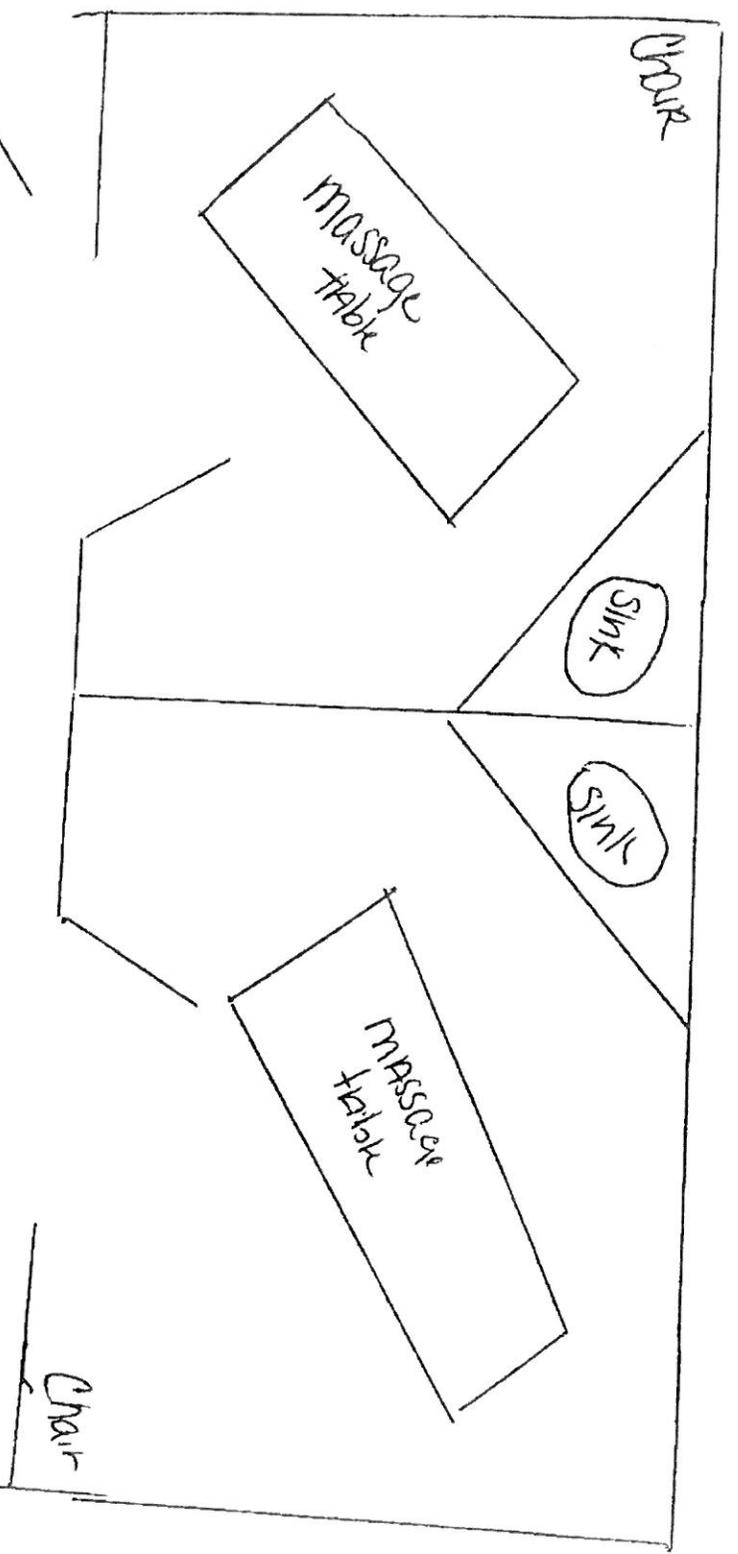
5. Have you ever been convicted of a criminal ordinance violation (other than minor traffic offences):

Yes No

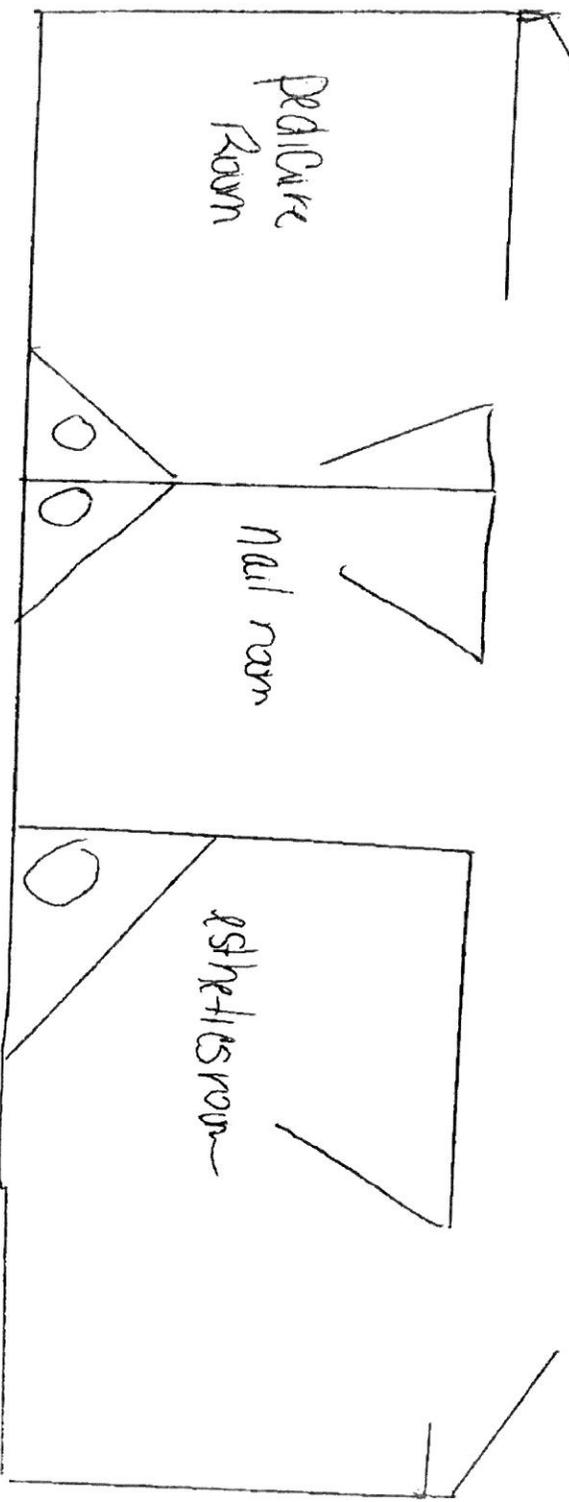
6. If yes, explain in detail:

SPORT FITNESS

238 N. Randall Rd, St. Charles



Hallway
↑



SPACED



City of St. Charles

Office of the Mayor

Two East Main Street
St. Charles, Illinois 60174-1984
Phone: 630-377-4455 • Fax: 630-377-44400

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.
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NOTE: Applicant must be fingerprinted by the St. Charles Police Department and must provide two passport-size photographs (1" x 1.5" head and shoulders area, face forward) with this application.

1. New License Application Renewal Application Application Change

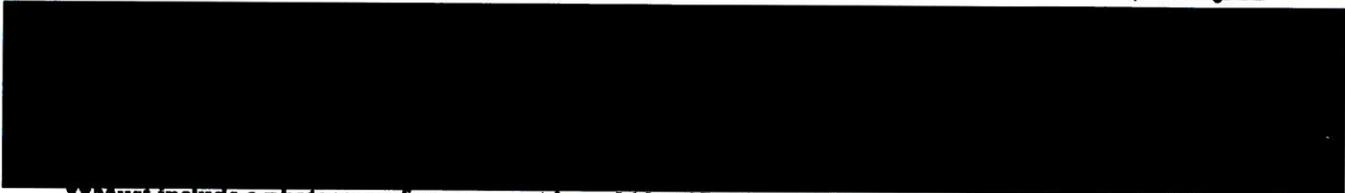
2. Please select the option that best describes your business:

Corporation Partnership Individual

3. Business Name: Hong Da Spa Inc Sales Tax#: N/A

Business Address: 1550 E. Main St Business Phone: 630-584-2716

4. Name of Applicant: Fen Xu Home Phone: _____

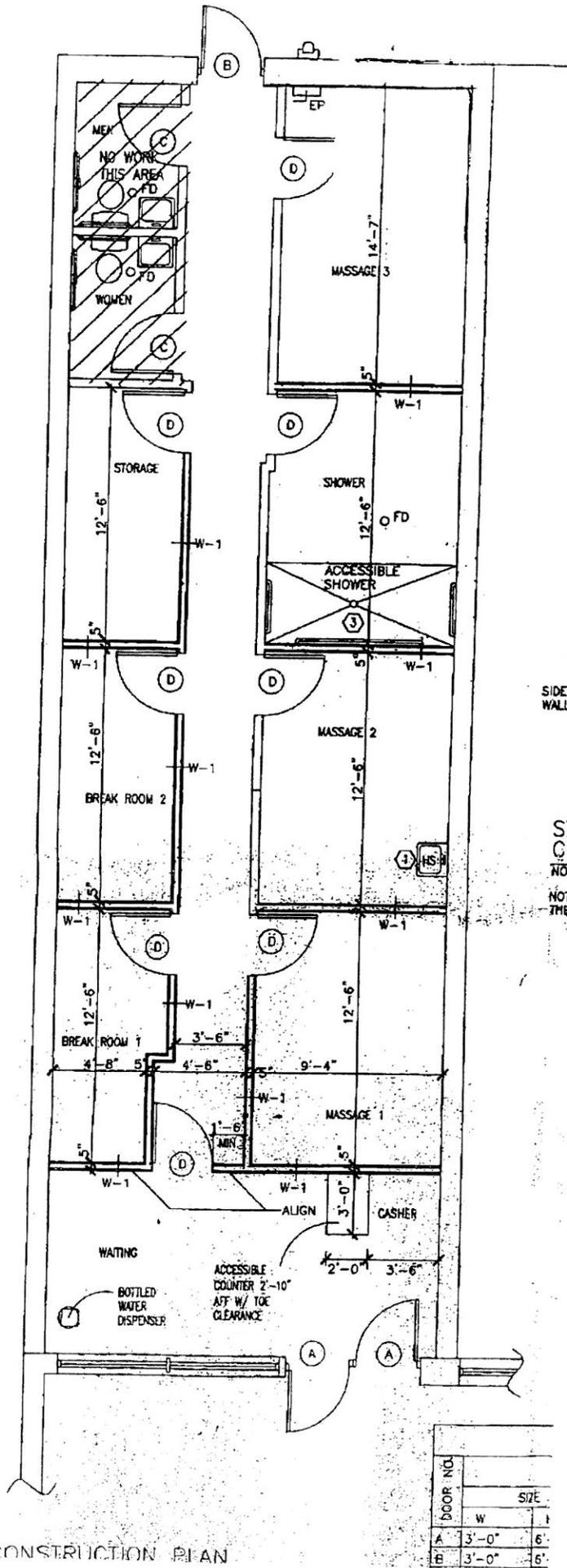


****Must include a photocopy of government issued identification card.**

5. Have you ever been convicted of a criminal ordinance violation (other than minor traffic offences):

Yes No

6. If yes, explain in detail:



CONSTRUCTION PLAN



City of St. Charles
Office of the Mayor
Two East Main Street
St. Charles, Illinois 60174-1984
Phone: 630-377-4455 • Fax: 630-377-44400

Office Use Only
Received: 2/24/15
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

NOTE: Applicant must be fingerprinted by the St. Charles Police Department and must provide two passport-size photographs (1" x 1.5" head and shoulders area, face 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: Massage world Sales Tax#: 45-5487059

Business Address: 2460 W Main street #106 Business Phone: 630-303-7466

4. Name of Applicant: JUN sellers Home Phone: _____

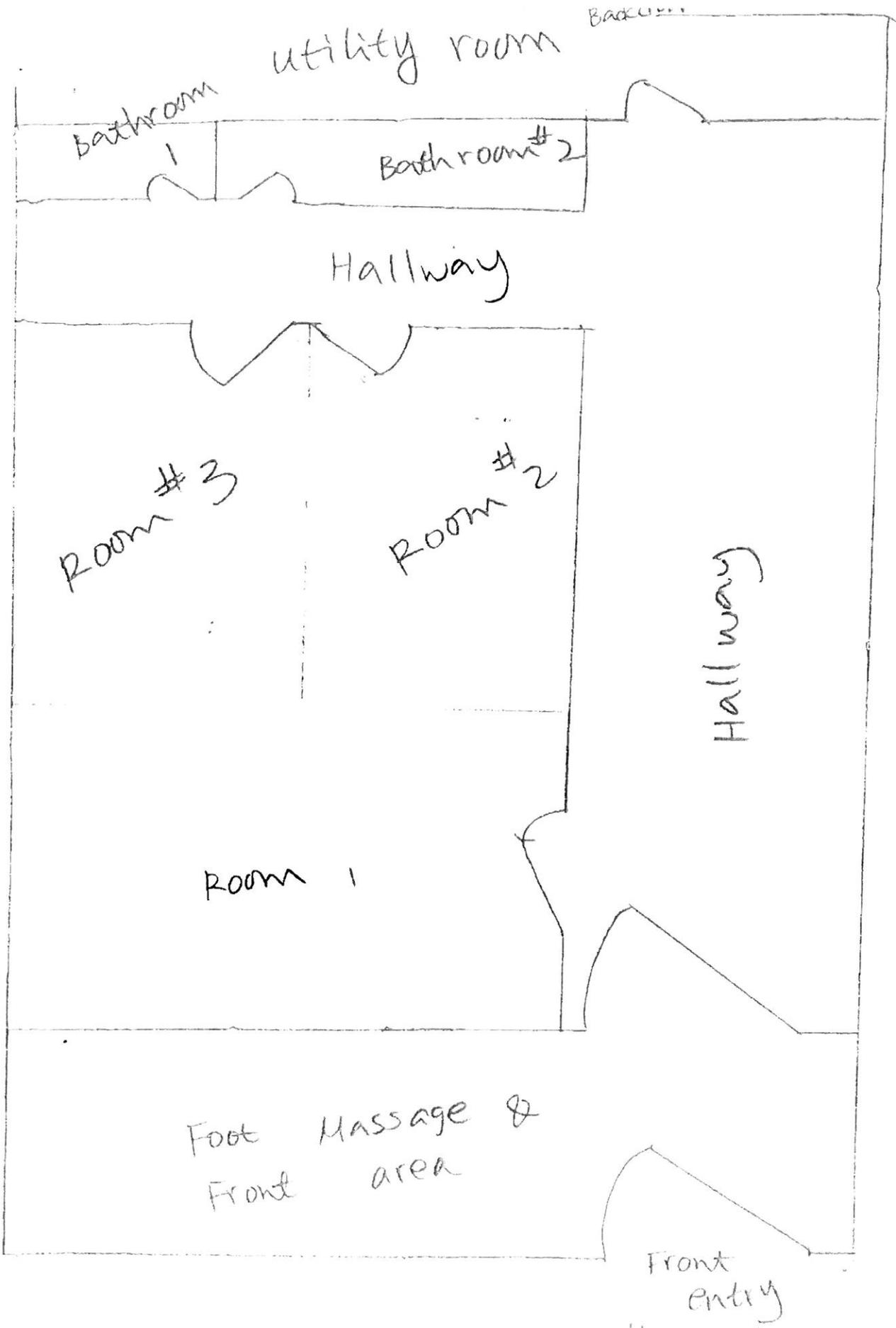
Must include a photocopy of government issued identification card.

5. Have you ever been convicted of a criminal ordinance violation (other than minor traffic offences):

Yes

No

6. If yes, explain in detail:



2460 W Main street # 106



City of St. Charles
Office of the Mayor

Two East Main Street
St. Charles, Illinois 60174-1984
Phone: 630-377-4455 • Fax: 630-377-44400

Office Use Only
Received: _____
Amount Paid: _____
Receipt: _____

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1. New License Application Renewal Application Application Change

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

Corporation

Partnership

Individual

3. Business Name: U SPA Sales Tax#: N/A

Business Address: 615 S. RANDALL RD #100 Business Phone: 630-762-8886

4. Name of Applicant: JUTENG XIAN Home Phone: _____

****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:

10' x 8'
STORAGE
LAUNDRY

10.5' x 8'
BREAK ROOM

MASSAGE
10.5' x 7'

BATH ROOM
6.5' x 7.5'

MASSAGE
10.5' x 10.5'

HALL

MASSAGE
17' x 8.5'

OFFICE
12' x 9'

FOOT
MASSAGE
7.5' x 12.8'

STORE, FRONT

N →



City of St. Charles

Office of the Mayor

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St. Charles, Illinois 60174-1984
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Receipt:	_____

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1. New License Application Renewal Application Application Change

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

Corporation

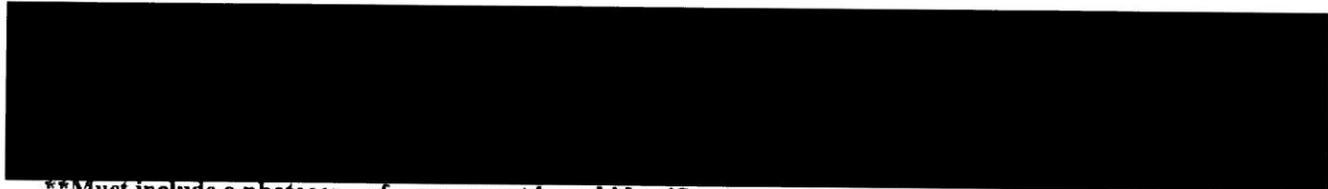
Partnership

Individual

3. Business Name: Best Massage Sales Tax#: 45-4282294

Business Address: 2774 E Main St. Business Phone: 630-549-7884

4. Name of Applicant: Ling Li Home Phone: _____



****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):

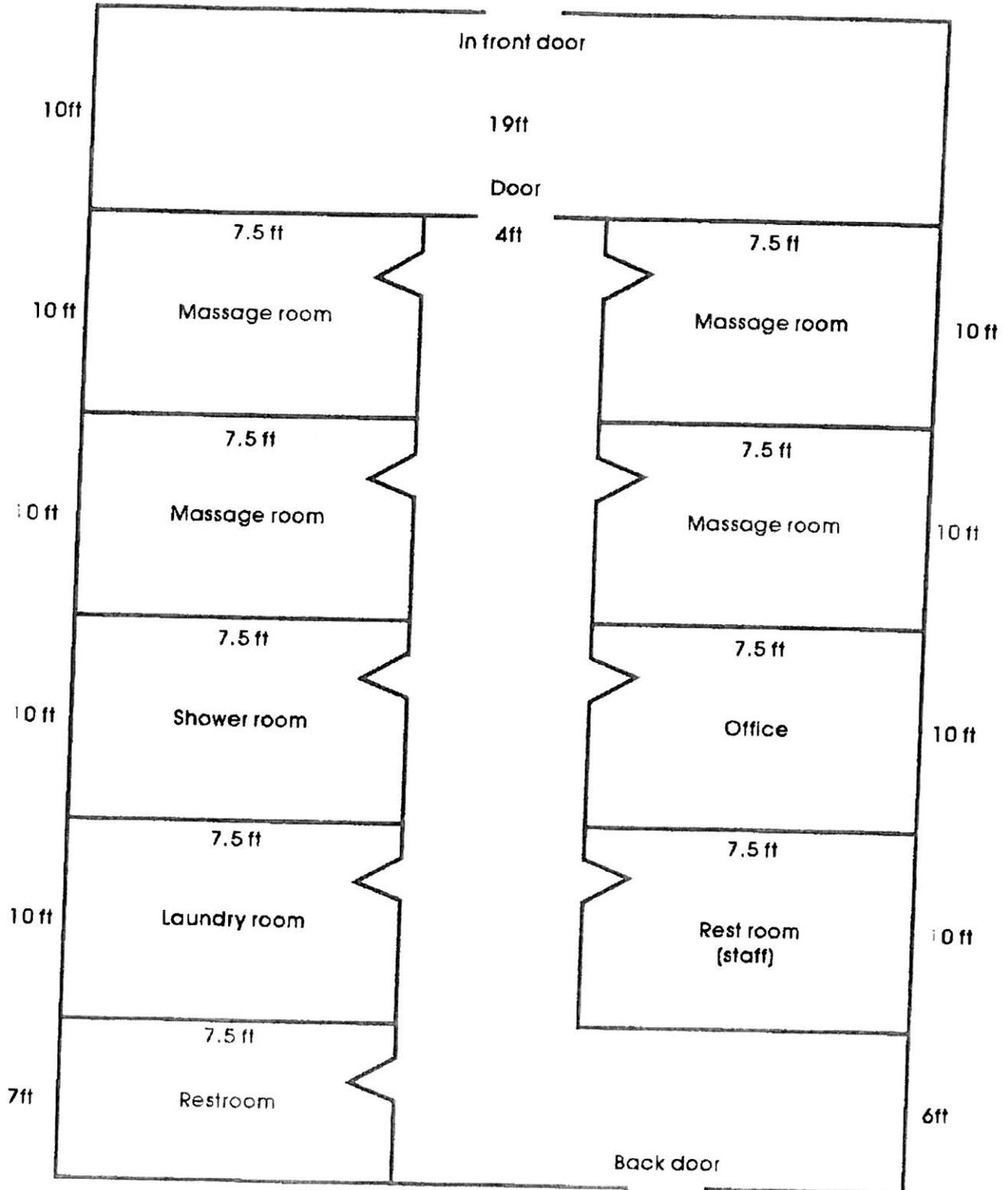
Yes

No

6. If yes, explain in detail:

Best massage

Exhibit 2





City of St. Charles Office of the Mayor

Two East Main Street
St. Charles, Illinois 60174-1984
Phone: 630-377-4455 • Fax: 630-377-44400

Office Use Only	
Received:	_____
Amount Paid:	_____
Receipt:	_____

MASSAGE ESTABLISHMENT LICENSE APPLICATION

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Annual License Application Fee: \$250.00

Fingerprint Fee: \$50.00

NOTE: Applicant must be fingerprinted by the St. Charles Police Department and must provide two passport-size photographs (1" x 1.5" head and shoulders area, face 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: Oriental Massage INC. Sales Tax#: 45-3354791

Business Address: 2075 prairie St, suite 104, St. Charles Business Phone: 331-229-1530

4. Name of Applicant: MINGZHEN LI Home Phone: _____



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):

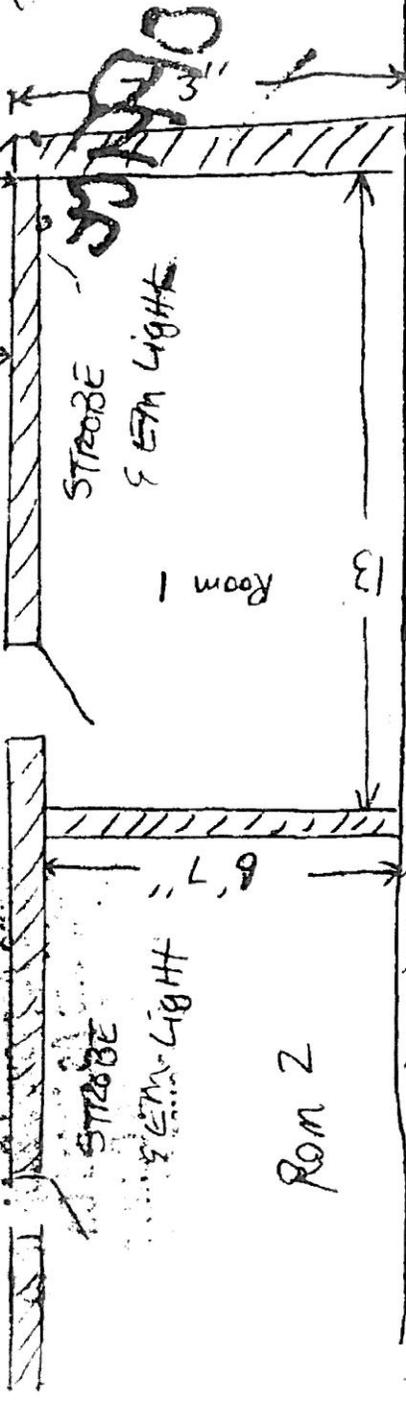
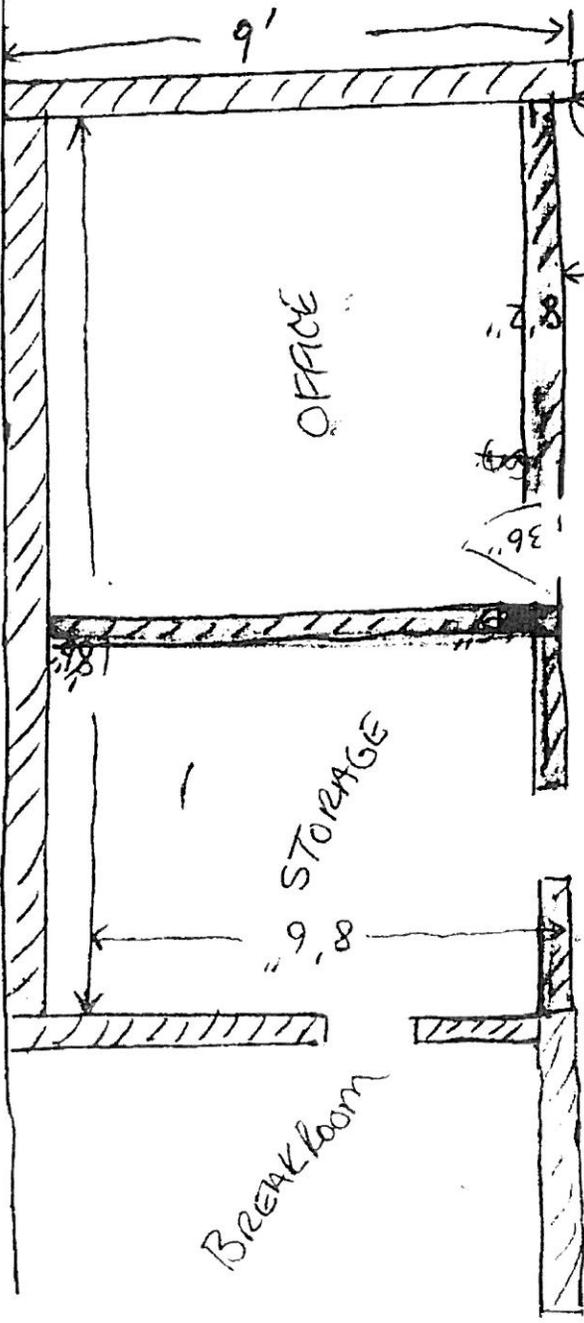
Yes No

6. If yes, explain in detail:

40'

WALLS ADDED
NO ELECTRIC
ADDED

18" Door to WHOLE



OFFICE

STORAGE

BREAK ROOM

STROBE & EM LIGHT

Room 1

STROBE & EM LIGHT

Room 2

9'

4'2"

4'8"

3'6"

1'8"

9'0"

13'

8'7"

STROBE

STROBE

City of St. Charles

Office of the Mayor

Two East Main Street

St. Charles, Illinois 60174-1984

Phone: 630-377-4455 • Fax: 630-377-44400

Office Use Only
Received: 5/1/15
Amount Paid: _____
Receipt: _____

SSAGE 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

NOTE: Applicant must be fingerprinted by the St. Charles Police Department and must provide two passport-size photographs (1" x 1.5" head and shoulders area, face 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: Lotus SPA Sales Tax#: _____

Business Address: 1700 Lincoln Hwy St Charles Business Phone: _____

4. Name of Applicant: Fenglan Smythe Home Phone: _____

****Must include a photocopy of government issued identification card.**

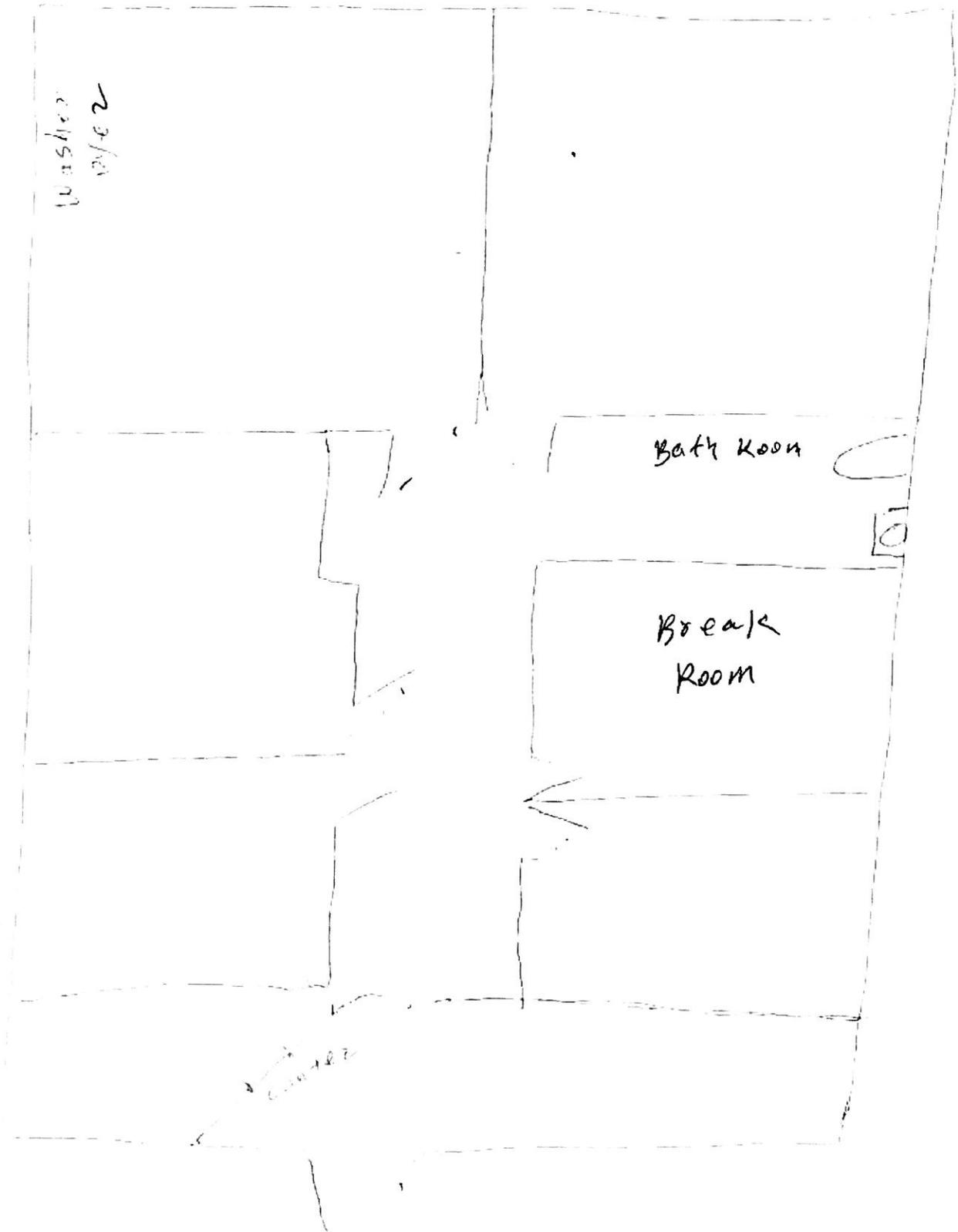
5. Have you ever been convicted of a criminal ordinance violation (other than minor traffic offences):

Yes

No

6. If yes, explain in detail:

1700 Lincoln Highway unit J
St Charles IL





City of St. Charles
Office of the Mayor
Two East Main Street
St. Charles, Illinois 60174-1984
Phone: 630-377-4455 • Fax: 630-377-44400

Office Use Only
Received: 4/28/15
Amount Paid: _____
Receipt: _____

MESSAGE ESTABLISHMENT LICENSE APPLICATION

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Fingerprint Fee: \$50.00

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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 Vargas Wellness Sales Tax#: 3206-2109
Business Address: 4051 East Main Street Business Phone: 630.307.1100
4. Name of Applicant: Lori Vargas Home Phone: _____

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

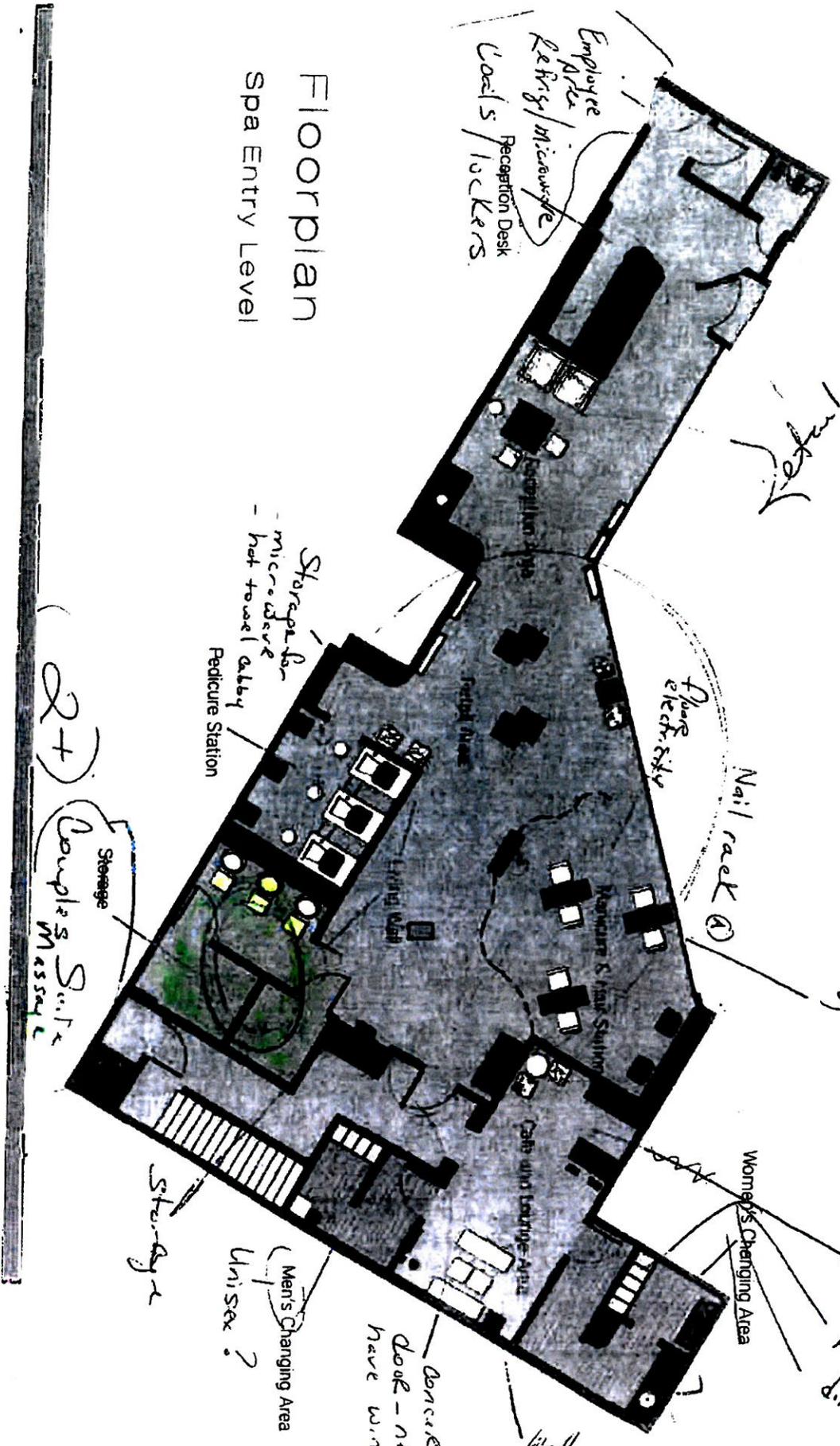
No

6. If yes, explain in detail:



10 beds

Floorplan Spa Entry Level



metal

floor electric side

Nail rack (A)

sizing

Robe/sandal storage
hamper
dirty linen

Wall paper pattern that matches treatment blanket

concern about door - needs to have window

Men's Changing Area
Unisex?

Storage

Storage
Couple's Suite
Massage

Storage for
- microwave
- hot towel lobby
Pedicure Station

Reception Area

Hair & Hair Styling

Waxing area

Women's Changing Area

Men's Changing Area

(2+)