 ST. CHARLES SINCE 1834	AGENDA ITEM EXECUTIVE SUMMARY					
	Title:		Recommendation to Approve a Proposal for a Massage Establishment License for Main Spa to be located at 504 E Main Street, St. Charles			
	Presenter:		Police Chief Keegan			
Please check appropriate box:						
		Government Operations				Government Services
		Planning & Development				City Council
		Public Hearing		X		Liquor Control Commission (11/16/15)
Estimated Cost:				Budgeted:	YES	NO
If NO, please explain how item will be funded:						
Executive Summary:						
<p>This is a request for a new massage establishment license for Main Spa to be located at 504 E Main Street. Background investigations were conducted by a detective of the St. Charles Police Department and reviewed both the site location as well as the corresponding applicant of the proposed massage establishment. Through this investigation, we determined that all the requirements have been met and they are eligible for licensing, subject to Council approval.</p> <p>This application is recommend by City staff for approval to move forward to Committee.</p>						
Attachments: <i>(please list)</i>						
Massage Establishment Application (front page) Background Check Site Plan						
Recommendation / Suggested Action <i>(briefly explain):</i>						
Recommendation to approve a proposal for a Massage Establishment License for Main Spa to be located at 504 E Main Street, St. Charles.						
For office use only:		Agenda Item Number: 4				



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

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: MAIN SPA Sales Tax#: n/a

Business Address: 502 E Main Business Phone: _____

4. Name of Applicant: Jae Sik Kim Home Phone: (_____) _____

Home Address: _____ City/Zip: Skokie, IL 60076

Social Security #: _____ Date of Birth: _____

Driver's License #: _____ Issuing State: IL

****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:

Police Department



Memo

Date: 10/29/2015

To: The Honorable Ray Rogina, Mayor-Liquor Commissioner

From: James Keegan, Chief of Police

Re: Background Investigation: Main Spa-504 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 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.

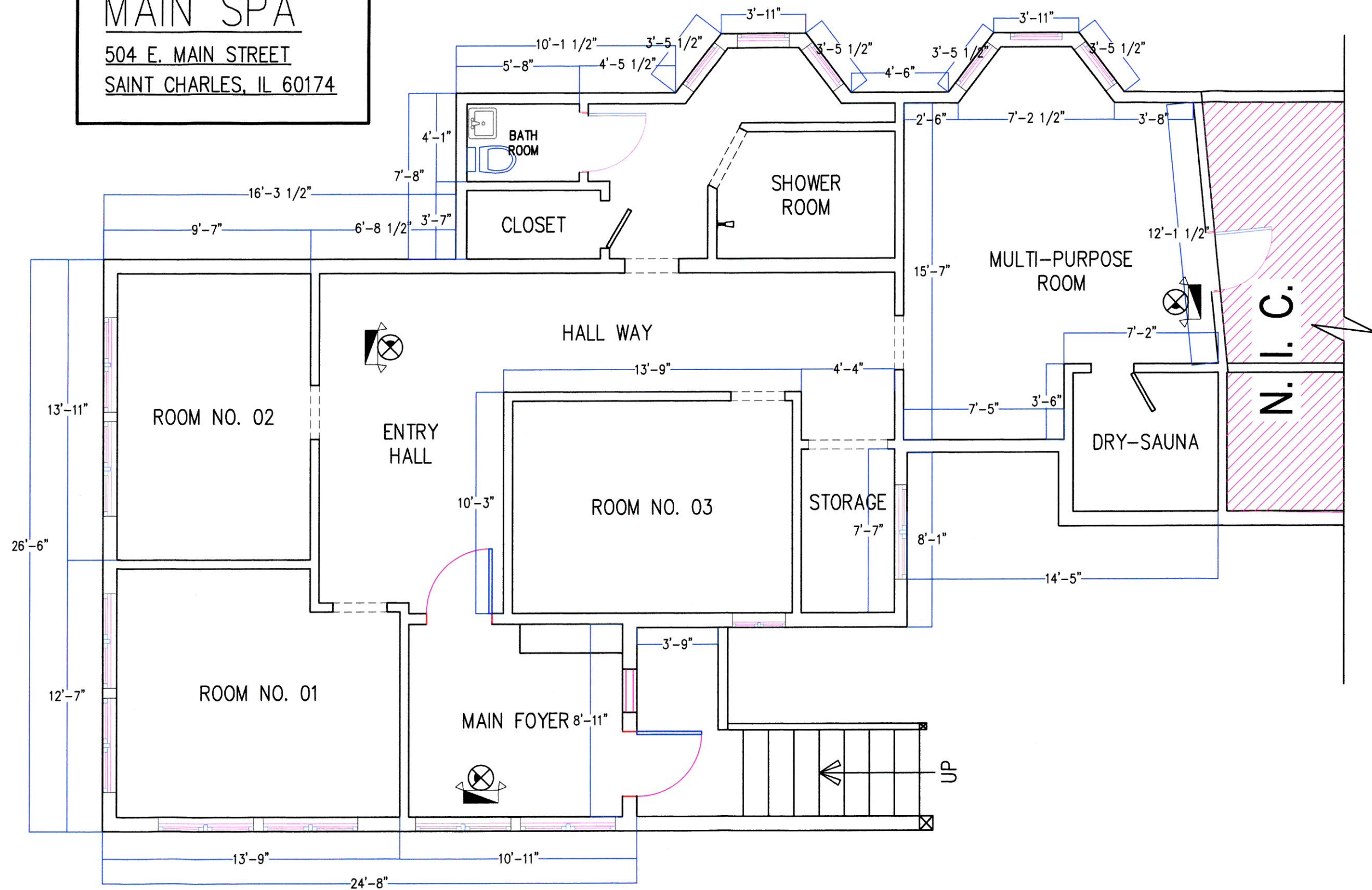
Thank you in advance for your consideration in this matter.

Main Spa/504 E. Main Street

Applicant/Jin In Kim

MAIN SPA

504 E. MAIN STREET
SAINT CHARLES, IL 60174



FLOOR PLAN (AS-BUILT)

N.T.S.