



ST. CHARLES  
SINCE 1834

### AGENDA ITEM EXECUTIVE SUMMARY

Title: Recommendation to Approve an Application 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:*

X	Government Operations (12/7/15)		Government Services
	Planning & Development		City Council
	Public Hearing		Liquor Control Commission

Estimated Cost:		Budgeted:	YES		NO	
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If NO, please explain how item will be funded:

**Executive Summary:**

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.

The application is recommended by the Liquor Control Commission meeting held on November 16, 2015 to go before the Government Operations Committee for their recommendation to City Council for final approval. Vote: Ayes: 4; Nays: 0.

**Attachments:** *(please list)*

Massage Establishment Application (front page)  
Background Check  
Site Plan

**Recommendation / Suggested Action** *(briefly explain):*

Recommendation to approve an application 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: 5c*



# 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 *J. K.*  
Re: Background Investigation: Main Spa-504 E. Main Street

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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.

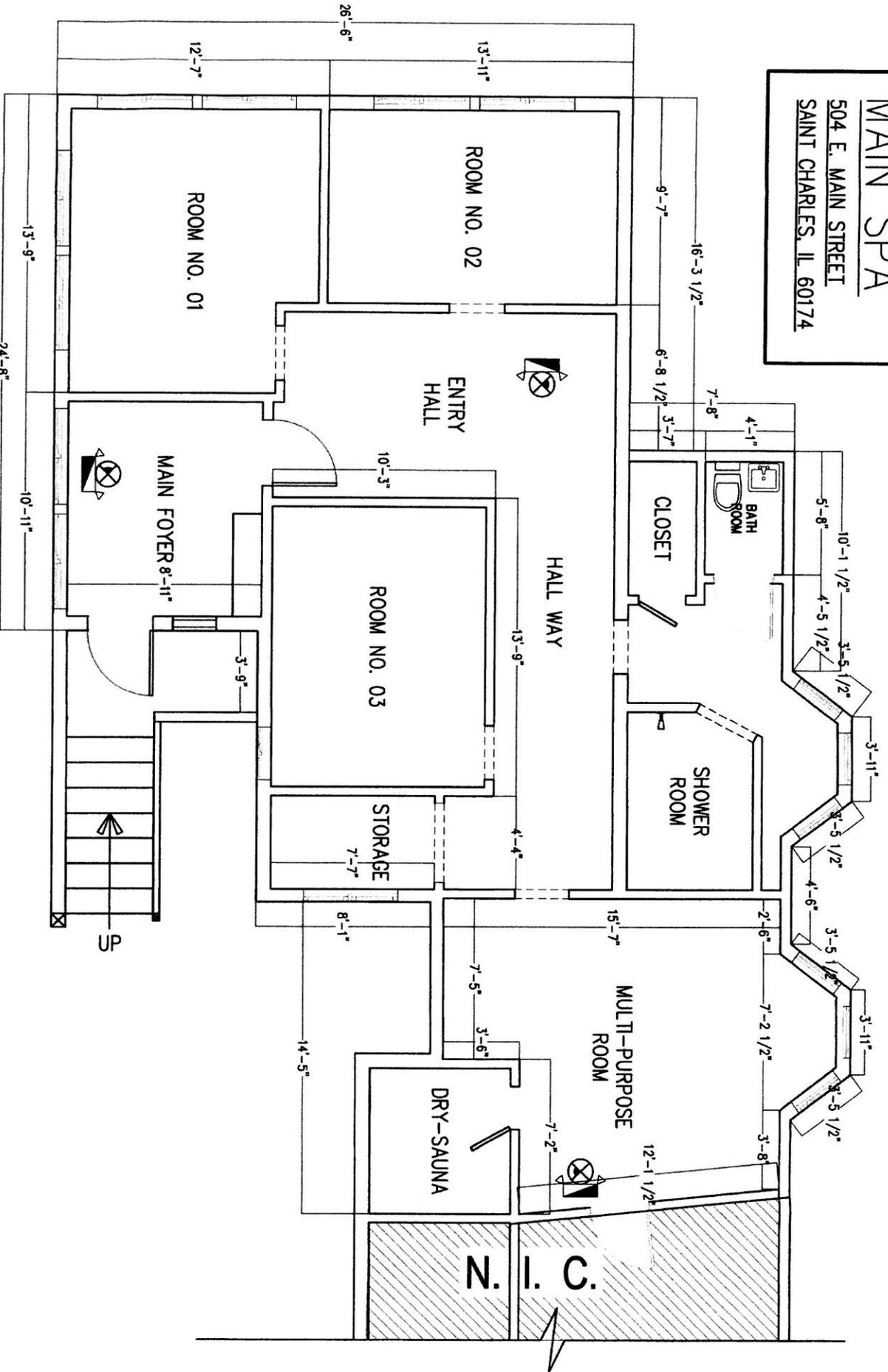
We found nothing of a derogatory nature that would preclude either the site location or the applicant from moving forward with a massage license, subject to Council/Commission approval.

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.