



**Agenda**  
**Special Committee on Licenses/Permits**  
**625 52nd Street Room 202**  
**Monday, May 6, 2024**  
**6:45 PM**

Chairperson Anthony Kennedy  
Vice-Chairperson Dominic Ruffalo

Aldersperson Bill Siel  
Aldersperson Ruth Dyson  
Aldersperson Kenny Harper

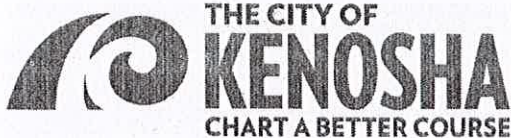
Call to Order  
Roll Call  
Citizens' Comments

**NOTE:** All licenses and permits are subject to withholding of issuance by the City Clerk as specified in Section 1.045 of the Code of General Ordinances.

1. Application of JY Spa INC for a new Massage Establishment License located at 2222 Roosevelt Road (JY Spa) with no adverse recommendation from the Police Department. (District 12) [Pages 1-13](#)

ALDERPERSONS' COMMENTS

IF YOU ARE DISABLED AND NEED ASSISTANCE, PLEASE CALL 262-653-4020 BY NOON BEFORE THIS MEETING TO MAKE ARRANGEMENTS FOR REASONABLE ON-SITE ACCOMMODATIONS.



**MESSAGE ESTABLISHMENT**  
**CLK130 (rev. 10/19)**  
CITY ORDINANCE 13.125

New Fee-based on effective month  
Circle one:

January	\$100.00
February	\$92.00
March	\$83.00
April	\$75.00
May	\$67.00
June	\$58.00
July	\$50.00
August	\$42.00
September	\$33.00
October	\$25.00
November	\$17.00
December	\$8.00

OFFICE USE ONLY	
DATE FILED:	Apr 9, 24
INITIALS:	JTO
ADVERSE: Yes No	
LP:	4/22 CC: Max 6
LETTER:	

Expires: December 31, 2024

New

Renewal (Fee-\$100.00) must be filed more than 60 days prior to December 31, and is the sole responsibility of the applicant.

1. Applicant is:  **Individual** (must be resident of city for 90 days)  **Partnership** (both must be resident of city for 90 days)  
 **Limited Liability Company** (application must be made by agent who is resident of city for 90 days)  
 **Corporation** (application must be made by agent who is resident of city for 90 days)

2. Applicant name: Rufang JIN JY SPA INC District #: \_\_\_\_\_ (business)  
INDIVIDUAL, PARTNERSHIP, LLC OR CORPORATION NAME

3. Business name: JY SPA INC Business address: 2222 Roosevelt Rd Kenosha WI 53143

4. All phone numbers of business (312) 375-2373 Email address: Kaseyjen936@gmail.com  
(Correspondence Will Be Via Email If Address Is Given)

5. Attach a certificate of insurance in an amount of no less than One Million Dollars (\$1,000,000.00) in coverage for the business.  Attached.

6. Individual/Partners/Agent\* of a LLC or Corporation:

a) Full Name: Rufang JIN DOB: [REDACTED] Partner/Agent (circle one)  
Address: 507 40th Place Kenosha WI 53140 Phone: (312) 375-2373 Resident of the city for 90 days?  Y/N

b) Full Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Individual/Partner/Agent (circle one)  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Resident of the city for 90 days? Y/N

Each person listed in Question 6 above must complete page 3 & 4 - Individual/Partner/Agent report.  Check if complete.

7. If applicant is a LLC or corporation, complete page 5 - Attachment A Officers/Directors/Stockholders List. Otherwise, skip to Question 8.  Check if Attachment A is complete.

8. List all persons conducting massage or bodywork at the proposed business: NOTE: if you are a massage or bodywork therapist, include yourself.

a) Full Name: Rufang JIN Title: Massage therapy  
Address: 507 40th Place Kenosha WI 53140 Phone: (312) 375-2373

Attach:  Copy of Wisconsin massage therapist license.  Two (2) photographs not more than thirty (30) days old.

b) Full Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Attach:  Copy of Wisconsin massage therapist license.  Two (2) photographs not more than thirty (30) days old.





**Message Establishment  
Individual/Partner/Agent Report**

Last Name: JIN First Name: Rufang MI: \_\_\_\_\_  
(NOTE: Name Must Appear Exactly As It Appears On Driver's License Or State ID)

Date of Birth: [REDACTED] License or State ID Number: IL [REDACTED]  
STATE

Height: 5' Weight: 135 lbs Hair Color: Black Eye Color: Brown

Home Address: 507 40th Place Kenosha WI 53140  
STREET CITY STATE ZIP

Phone: (312) 375-2373 Email: KaseyJin936@gmail.com  
(If Provided, Correspondence Will Be Sent Via Email)

Have you resided in the City of Kenosha for more than ninety (90) days?  Yes  No

- Attach:
- a. Proof of age  Attached  N/A for Renewal
  - b. Full set of fingerprints  Attached  N/A for Renewal
  - c. Two (2) 2" x 2" photographs not more than thirty (30) days old  Attached

**RECORD CHECK:** Visit <http://www.kenoshajs.org/public-records/> if you need copies of records.  
 If you have doubt as to whether to include certain information it is recommended that you do.  
 If you are unsure, check with the clerk. Do not attach copies of records. **THE INFORMATION BELOW WILL BE VERIFIED.**

1. Have you ever received any tickets or been charged with any traffic violations, ordinance violations, misdemeanors or felonies other than traffic offenses in any state?  Yes  No If yes, provide: Charge, State, Date, Result (Include pending charges.) Example:

CHARGE	STATE	DATE	RESULT
Theft	Florida	5/22/2014	Dismissed
DUI	Wisconsin	2/10/2016	Pending

CHARGE	STATE	DATE	RESULT

2. Have you ever served or been sentenced to serve time in jail or prison in any state?  Yes  No  
 If yes, provide: Charge, State, Date

CHARGE	STATE	DATE





Message Establishment  
Attachment A  
OFFICERS, DIRECTORS AND STOCKHOLDERS LIST

Corporation or LLC Name: JY SPA ~~INC~~ . INC .

1. Full Name: Rufang JIN Address: 2222 Roosevelt Road Kenosha WI 53143  
STREET CITY STATE ZIP  
Title and Extent of Ownership: OWNER

Does this person hold office or stock in any other corporation or LLC conducting a similar business in Wisconsin? NO

2. Full Name: \_\_\_\_\_ Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Title and Extent of Ownership: \_\_\_\_\_

Does this person hold office or stock in any other corporation or LLC conducting a similar business in Wisconsin? \_\_\_\_\_

3. Full Name: \_\_\_\_\_ Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Title and Extent of Ownership: \_\_\_\_\_

Does this person hold office or stock in any other corporation or LLC conducting a similar business in Wisconsin? \_\_\_\_\_

4. Full Name: \_\_\_\_\_ Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Title and Extent of Ownership: \_\_\_\_\_

Does this person hold office or stock in any other corporation or LLC conducting a similar business in Wisconsin? \_\_\_\_\_

5. Full Name: \_\_\_\_\_ Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Title and Extent of Ownership: \_\_\_\_\_

Does this person hold office or stock in any other corporation or LLC conducting a similar business in Wisconsin? \_\_\_\_\_

6. Full Name: \_\_\_\_\_ Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Title and Extent of Ownership: \_\_\_\_\_

Does this person hold office or stock in any other corporation or LLC conducting a similar business in Wisconsin? \_\_\_\_\_

7. Full Name: \_\_\_\_\_ Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Title and Extent of Ownership: \_\_\_\_\_

Does this person hold office or stock in any other corporation or LLC conducting a similar business in Wisconsin? \_\_\_\_\_

Date \_\_\_\_\_ Agent Signature \_\_\_\_\_

THE STATE OF WISCONSIN  
MEDICAL EXAMINING BOARD

Hereby certifies that  
RUFANG JIN

was granted a license to practice as a  
MESSAGE THERAPIST OR BODYWORK THERAPIST

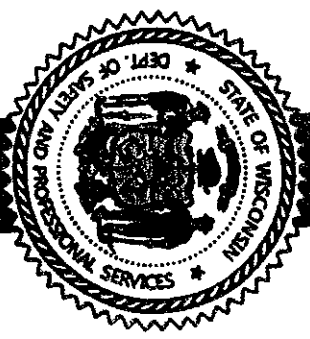
in the State of Wisconsin in accordance with Wisconsin Law  
on the 28th day of August in the year 2017.

The authority granted herein must be renewed each biennium by the granting authority.  
In witness thereof, the State of Wisconsin

Medical Examining Board  
has caused this certificate to be issued under  
the seal of the Department of Safety and Professional Services

Dan Hereth, Secretary

Tony Evers, Governor



This certificate was printed on the 9th day of February in the year 2023

**ILLINOIS**

Alexi Giannopoulos - Secretary of State

USA

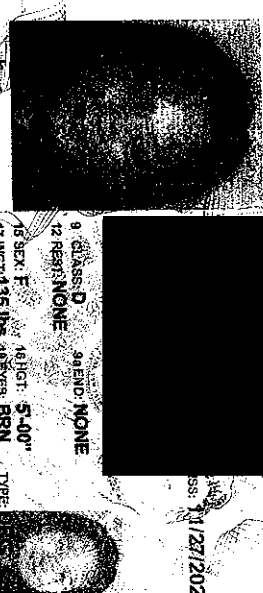
9 CLASS: D 21 EXP: NONE  
12 RESTR: NONE

15 SEX: F 16 HGT: 5'-00"  
17 WGT: 135 lbs 18 EYES: BRN TYPE: S

5 DD 20231127208CC9698

11/27/2023

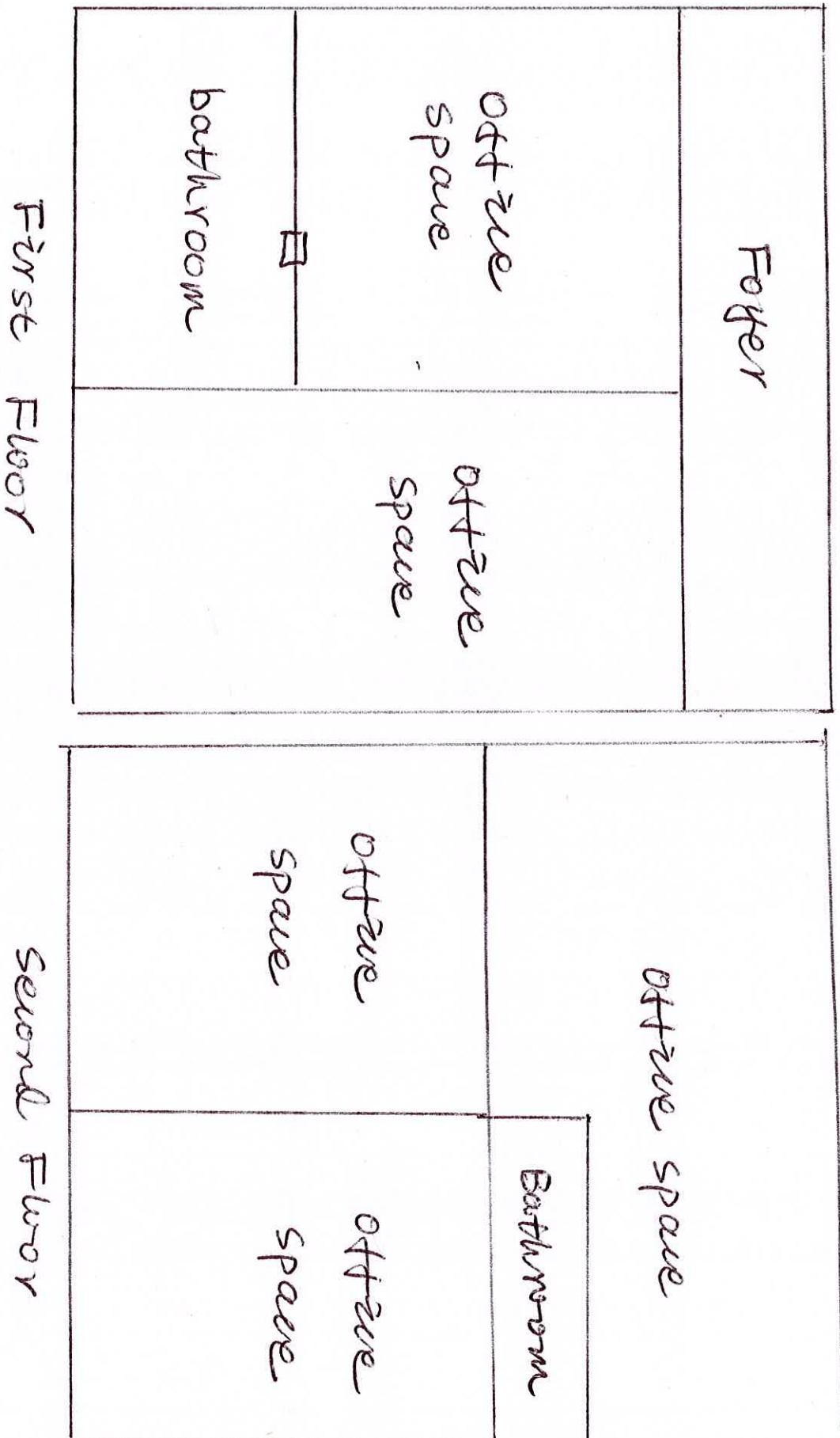
165-9 3M





# Floor Plan

2222 Roosevelt Road







COMMERCIAL INSURANCE  
**PROPOSAL**

TRAVELERS BOP

PRESENTED TO:

JY SPA INC  
2222 ROOSEVELT RD  
KENOSHA, WI 53143-4862

PRESENTED BY:

MAX GROUP AND ASSOCIATES  
  
(773)376-1000

For Policy Effective: 04/08/2024 through 04/08/2025

Proposal Number: BIP - 002Y436400

Company Quoted: ST. PAUL GUARDIAN INSURANCE COMPANY  
One Tower Square, Hartford CT 06183

**TRAVELERS**

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On behalf of the Travelers Company, we appreciate the opportunity to provide JY SPA INC with the following policy proposal.

This proposal will expire **thirty (30) days** from the date of creation identified below and is not a binding contract of insurance. If you have any questions regarding this proposal, please contact your agent.

**THE FOLLOWING OUTLINES THE COVERAGE FORMS, LIMITS OF INSURANCE, POLICY ENDORSEMENTS AND OTHER TERMS AND CONDITIONS PROVIDED IN THIS PROPOSAL. ANY POLICY COVERAGES, LIMITS OF INSURANCE, POLICY ENDORSEMENTS, COVERAGE SPECIFICATIONS, OR OTHER TERMS AND CONDITIONS THAT YOU HAVE REQUESTED THAT ARE NOT INCLUDED IN THIS PROPOSAL HAVE NOT BEEN AGREED TO BY TRAVELERS. PLEASE REVIEW THIS PROPOSAL CAREFULLY AND IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR TRAVELERS REPRESENTATIVE.**

**Line of Business Summary**

General Liability	\$947.00
Expense Constant	\$152.00
<b>Total Policy Premium</b>	<b>\$1,099.00</b>

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*Created on 04-08-2024*

*\*Property policy level deductible does not apply.  
Refer to your policy for actual terms and conditions.*

## **Policy Level Coverages**

### **Commercial General Liability Coverages and Options:**

<b><u>Coverage Description</u></b>	<b><u>Limit</u></b>
■ General Aggregate	■ \$2,000,000
■ Products-Completed Operations Aggregate	■ \$2,000,000
■ Each Occurrence	■ \$1,000,000
■ Personal and Advertising Injury Liability	■ \$1,000,000
■ Damage to Premises Rented to You	■ \$300,000
■ Medical Expenses-Any One Person	■ \$5,000
■ Contractual Liability (As Defined)	■ Included
■ Limited World Wide Liability (Lawsuits brought in the US)	■ Included
■ Barber, Beauty or Spa Professional Services Endorsement	■ Included

### **Described Premises Level Coverages:**

**Premises 1 Building 1:** 2222 ROOSEVELT RD, KENOSHA WI 53143-4862

**Description of Operations:** DAY SPAS OR MASSAGE THERAPY

**Rating Basis:** Annual Sales

**Exposure:** \$150,000

**Auditable:** No

**Construction:** Frame

**Year Built:** 1900

**Sprinklered:**

**Number of Stories:** 2

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*Created on 04-08-2024*

*\*Property policy level deductible does not apply.  
Refer to your policy for actual terms and conditions.*

Persons employed at the proposed business at the time of this application (continued):

c) Full Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
STREET CITY STATE ZIP

Attach:  Copy of Wisconsin massage therapist license.  Two (2) photographs not more than thirty (30) days old.

d) Full Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
STREET CITY STATE ZIP

Attach:  Copy of Wisconsin massage therapist license.  Two (2) photographs not more than thirty (30) days old.

e) Full Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
STREET CITY STATE ZIP

Attach:  Copy of Wisconsin massage therapist license.  Two (2) photographs not more than thirty (30) days old.

9. Attach a floor plan of the business which details the rooms in which massage or bodywork will be practiced, the reception area, the restrooms, and any other areas accessible to customers.  Attached  N/A for Renewal

10. Prior to the opening of the business, the proposed premises must be in compliance with the Building Code & Fire Codes. Attach a certificate of compliance, or in the alternative, a bond assuring that any work required to be done to bring the premises into compliance prior to the opening of the business will be complete.  Attached  N/A for Renewal

**READ CAREFULLY BEFORE SIGNING:** I hereby certify that I am the applicant named in this application, and I have read and answered each and every question truly, correctly, and completely, under penalty of law for failure to do so. If this application contains statements or information which is untrue, incorrect and/or incomplete in any material respect, it may be denied. If granted, this license expires December 31. I understand that it is my sole responsibility to reapply more than sixty (60) days prior to December 31.

Danfeng Jin 4/8/24  
Individual/Partner/Agent Signature Date

\_\_\_\_\_  
Individual/Partner/Agent Signature Date

**1.22 LICENSE/PERMIT APPLICATIONS – CODE OF GENERAL ORDINANCES**

**A. Prohibition**

It shall be unlawful for any person, acting as an individual, a partner, a corporate officer, or an agent, to execute or file with any City Department, or to authorize any person to do so on their behalf, a license or permit application which is not true, correct and/or complete in all material respects and which was known by said person to be untrue, incorrect and/or incomplete. The term "in all material respects" shall mean with respect to some fact, which, if known to the granting authority, would be a basis or a consideration for license or permit denial.

**B. Penalty**

1) Any person violating Subsection A. above, shall, upon conviction thereof, be subject to a forfeiture not to exceed Five Hundred (\$500) Dollars, plus the payment of the costs of prosecution, and, in default of the timely payment thereof, shall be committed to the County Jail until such forfeiture has been paid, but not to exceed a period of thirty (30) days.  
2) The license or permit granting authority may grant, but withhold the issuance of, any license or permit for a period not to exceed thirty (30) days from the date of granting under circumstances wherein an application is found by the granting authority to have violated Section A. above, and the applicant was provided with an opportunity to appear before the granting authority. The granting authority may also issue a written warning to the applicant which shall be made part of their license/permit record for two (2) consecutive license/permit years. Where such finding and penalty is made and imposed by other than the Common Council, applicant may, within ten (10) days of receipt of oral or written notice of the imposition of any such penalty, whichever is first, if both oral and written notice is provided, file a Notice of Appeal with the City Clerk and have such matter reviewed by the Common Council.

**1.225 ADMINISTRATIVE CHARGE FOR PROCESSING LICENSE/PERMIT APPLICATIONS**

The first Twenty-five (\$25) Dollars of the application fee for any License/Permit shall be retained by the City in the event of a License/Permit denial or the withdrawal of the application by applicant for administrative and processing costs, and the balance, if any, refunded to the applicant. Where the application fee is less than Twenty-five (\$25) Dollars, the entire application fee shall be retained by the City for administrative and processing costs.



April 18, 2024

Registered Voter

\*|House Number|\* \*|Street Name|\* \*|Apartment or Unit Number|\*  
Kenosha, WI 53143

RE: Massage Establishment

Dear Registered Voter:

An application for a Massage Establishment license located at 2222 Roosevelt Road. (JY Spa) has been filed in the City Clerk's Office. The establishment is a place of business wherein private massage is practiced, used or made available as a principal use of the premises. Massage is a principal use if gross receipts account for more than 75% of the business'™s gross receipts. The license permits the business to engage in the practice of massage therapy or body work.

Our records indicate you own or reside in a property within two hundred fifty (250) feet of the proposed location.

The license application will be reviewed and acted upon by the Licenses/Permits Committee meeting scheduled for:

Date: Monday, April 22, 2024  
Time: 4:30 pm  
Location: Kenosha Municipal Building, 625-52nd Street, Room 202

and the Common Council meeting scheduled for:






Date: Monday, May 6, 2024  
Time: 7:00 pm  
Location: Kenosha Municipal Building, 625-52nd Street, Room 202

If you have questions or concerns, please attend these meetings.

City of Kenosha  
Office of the Clerk/Treasurer

# Massage Establishment Application: 2222 Roosevelt Road



-  Applicant's Main Entrance
-  Main/Communal Entrance to a Residence or Hotel/Motel
-  75-foot Exclusion Zone
-  250-foot Notification Boundary
-  Property Owners/Electors within 250 feet of Applicant



Feet