



Application for Massage Therapy Business License

Annual Fee is \$100.00

FOR OFFICE USE ONLY

Make Checks payable to the
LAKE COUNTY TREASURER

License No.: _____

Date Issued: _____

Fee Received: _____

1. Complete Name of Business: Touched by Jules LLC

2. Doing Business as (if applicable) Touched by Jules LLC

2.1 Name of Applicant(s) or Principal Director(s) Julie Brockman Volk

2.2 Social Security Number of Applicant(s) [REDACTED]

3. Address of place of Business for which Application is made: 611 Rockland Rd #R Lake Bluff

3.1 Are the premises for which the license is sought owned by the Applicant(s)? No

3.2 If not, please identify the exact date of lease expiration. 11-1-2021

4. Telephone number of place of business: 708-471-4266

5. Is the business is an Individual, a Partnership, Firm Association or Corporation: Individual LLC
(If corporation, complete items 5.1 through 5.3. All others, please skip to step 6).

5.1 Date of incorporation: 2021

5.2 Please provide copy of objects of incorporation, as set forth in Charter.

5.3 Name, title and address of each officer and each director must be filled in below: (attach additional page(s) if needed)

Name Julie Brockman Volk Title Owner/President

Address [REDACTED]

Name _____ Title _____

Address _____

Name _____ Title _____

Address _____

6. Does any partner, officer, manager, or a director or stockholder (of the applicant corporation) own

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a license to operate a massage ~~parlor~~ business.

29W585 Batavia Rd #4
Warrenville, IL 60555

13. List the names and current addresses of all employees (The license officer must be notified in writing when new employees are hired).

Julie Brockman Voelk



Additional Information Required

The following information must be attached to the application:

- a. Documentation certifying that the applicant, masseuse or masseur has successfully completed a massage therapy program that is accredited by a Massage Therapy Association or shall have passed the National Certification Examination for Therapeutic Massage and Bodywork.
- b. Evidence that the applicant is at least eighteen (18) years of age.
- c. Certification from the Building and Zoning Division of the Planning, Building and Development Department that the proposed licensed premises are in conformity with all regulations and ordinances of said department.
- d. Evidence that applicant has filed a certificate with the County Clerk pursuant to the Assumed Business Name Act, if applicable.

**Please note:* In accordance with County regulations, upon issuance of a massage therapy business license, the Lake County Health Department and Community Health Center will inspect the massage establishment (applicant is responsible for fees) for the purpose of compliance with public health provisions.

FAILURE TO PROVIDE THIS INFORMATION WILL RESULT IN A DENIAL FOR THE MASSAGE THERAPY BUSINESS LICENSE.

This form must contain the signature of applicant, signatures of (at least) the President and Secretary of the Corporation (if Corporation), *and* of any person who owns more than 5 percent (5%) of the stock.

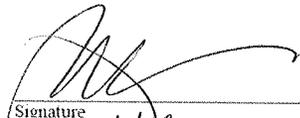
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AFFIDAVIT

STATE OF ILLINOIS)
) SS
COUNTY OF LAKE)

The undersigned swear that the applicant(s) will not violate any ordinances of the County of Lake, or laws of the State of Illinois or the United States of America, in the conduct of the place of business described herein and that the statements contained in this application are true and correct to the best of our knowledge and belief.

COUNTY: LAKE STATE: ILLINOIS
BY: JULIE LYN BROCKMAN-VOLK



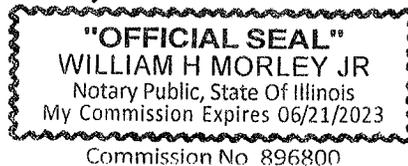
Signature

Title
MRS.

Subscribed and Sworn to before me on this
28th day of OCTOBER, A.D. 20 21.



Notary Public



Subscribed and Sworn to before me on this
_____ day of _____, A.D. 20_____.

Signature

Title

Notary Public

Subscribed and Sworn to before me on this
_____ day of _____, A.D. 20_____.

Signature

Title

Notary Public

LC message
ILL150685

Above Biometrics
224-286-4595
Jay@abovebiometrics.com

250 Parkway Drive Suite 150
Lincolnshire, IL 60069

800 Ogden Ave #4
Downers Grove, IL 60515

Name: Julie Brockman Volk

Address: _____

City: _____ State: _____ Zip: _____

Birth Date: _____
Mo. Day Year

Gender: F Race: Caucasian

Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Place of Birth: IL USA Phone: _____
State or Country

I, the undersigned, hereby authorize the release of any criminal history record information that may exist regarding me from any agency, organization, institution, or entity having such information on file. I am aware and understand that my fingerprints may be retained and will be used to check the criminal history record information files of the Illinois State Police (ISP) and/or the Federal Bureau of Investigation (FBI). **In addition I authorize my photo to be taken, submitted to the ISP and/or FBI; photographic images may be shared for licensing and employment purposes only. I further understand that I have the right to challenge any state or federal criminal history record information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete.

X [Signature] Date: 11/18/21

For Office Use Only:
Applicant TCN#: LS11061L837 60 37335 State ID _____

Applicant TCN#: LS11194L791 _____ State ID _____

Applicant TCN#: LS11570L843 _____ State ID _____

COUNTY OF LAKE
18 NORTH COUNTY ST
WAUKEGAN,IL 60085

FBI RESPONSE

THE FOLLOWING IS IN RESPONSE TO YOUR SUBMISSION WHICH WAS SENT TO THE FEDERAL BUREAU OF INVESTIGATION. IF YOU HAVE ANY QUESTIONS REGARDING THIS RESPONSE, PLEASE CONTACT THE FBI HELP DESK :

FBI HELP DESK
PHONE NUMBER: 1-304-625-2000

IDENTIFIERS

RESULT:NH

DCN:	L86037335	TCN:	LS11061L86037335	RESPONSE DATE:	2021/11/18 0:0:0
SUBM TYPE:	FEAPP	ORI:	ILL15068S	FBI ICN:	E2021322000000293608
NAME:	BROCKMAN-VOLK, JULIE	EMPLOYER#:	ILL15068S	SSN:	
SEX CODE:	F	RACE CODE:	W	DOB:	09/10/1968

FBI RESPONSE

THIS FEDERAL BUREAU OF INVESTIGATION RAPSHEET IS IN RESPONSE TO YOUR SUBMISSION SENT TO THE FBI:
CIVIL APPLICANT RESPONSE

ICN E2021322000000293608 CIDN OCA NOOCA
BROCKMAN-VOLK,JULIE DOB [REDACTED]
MNU SOC SEX F RAC W HGT [REDACTED]
IL920490Z GOV EMP-LIQUOR UNIT
JOLIET IL 2021/11/18

A SEARCH OF THE FINGERPRINTS ON THE ABOVE INDIVIDUAL HAS REVEALED NO PRIOR ARREST DATA. CJIS DIVISION
2021/11/18 FEDERAL BUREAU OF INVESTIGATION

IL920490Z
GOV EMPLOYEE LIQUOR UNIT
SPOL-INFO/TECH COMMAND
ATTN CIVIL PROCESSING
260 N CHICAGO ST
JOLIET,IL 60432



**ILLINOIS STATE POLICE
BUREAU OF IDENTIFICATION
260 NORTH CHICAGO STREET
JOLIET, ILLINOIS, 60432- 4075**

COUNTY OF LAKE
18 NORTH COUNTY ST
WAUKEGAN, IL 60085

A SEARCH OF THE FILES OF THIS BUREAU MADE PURSUANT TO THE FEE APPLICANT FINGERPRINT CARD SUBMITTED BY YOUR AGENCY, FAILED TO REVEAL ANY CRIMINAL CONVICTION RECORD FOR THE SUBJECT OF YOUR INQUIRY.

THE APPLICANT FINGERPRINT CARD WILL BE RETAINED IN THE FILES OF THE ILLINOIS STATE POLICE TO FACILITATE FUTURE DISSEMINATION TO YOUR AGENCY OF ANY CONVICTION INFORMATION PERTAINING TO THIS SUBJECT.

THE ILLINOIS STATE POLICE IS PERMITTED TO DISSEMINATE CRIMINAL HISTORY RECORD INFORMATION AS AUTHORIZED BY STATE LAW. ATTEMPTS ARE MADE TO MAKE RECORDS AS COMPLETE AS POSSIBLE BY OBTAINING MISSING DISPOSITIONS FROM VARIOUS SOURCES. IN SOME CASES HOWEVER, DISPOSITION INFORMATION IS UNAVAILABLE.

THE SEARCH ROUTINE USED TO PROCESS YOUR SUBMISSION DID NOT INCLUDE AN INQUIRY INTO THE ILLINOIS STATE POLICE SEX OFFENDER REGISTRATION FILE. TO DETERMINE IF THE SUBJECT OF YOUR INQUIRY IS A REGISTERED SEX OFFENDER, PLEASE CHECK THE ILLINOIS STATE POLICE REGISTERED SEX OFFENDER INFORMATION WEB SITE AT "WWW.ISP.STATE.IL.US".

IF YOU HAVE ANY QUESTIONS CONCERNING THIS MATTER, PLEASE CONTACT THE BUREAU OF IDENTIFICATION AT ISP.BOI.CUSTOMER.SUPPORT@ILLINOIS.GOV OR (815) 740-5160 TO LEAVE A MESSAGE.

IDENTIFIERS

DCN:	L86037335	TCN:	LS11061L86037335	PURPOSE:	LGE
SUBMISSION TYPE:	FEAPP	RESULT:	NO RECORD ON FILE		
Name:	BROCKMAN-VOLK, JULIE	Employer #:	ILL15068S	SSN #:	
Sex Code:	FEMALE	Race Code:	WHITE	DOB:	09/10/1968

STATE USE ONLY

WARNING: RELEASE OF THIS INFORMATION TO UNAUTHORIZED INDIVIDUALS OR AGENCIES OR MISUSE IS PROHIBITED BY FEDERAL LAW
TITLE 42 USC 3789G PERTAINING TO CRIMINAL HISTORY INFORMATION

State of Illinois
Department of Financial and Professional Regulation
Division of Professional Regulation

LICENSE NO
227.005071

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

EXPIRES
12/31/2022

LICENSED MESSAGE THERAPIST

JULIE LYN BROCKMAN
 JULIE BROCKMAN
 [REDACTED]



 *Mario Treto Jr.* MARIO TRETTO, JR.
ACTING SECRETARY *Cecilia Abundis* CECILIA ABUNDIS
ACTING DIRECTOR

The official status of this license can be verified at www.idfpr.com

15388697

Cut on Dotted Line ✂

For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 257121

LICENSE NO
227.005071

Department of Financial and Professional Regulation
Division of Professional Regulation



LICENSED MESSAGE THERAPIST

JULIE LYN BROCKMAN

EXPIRES
12/31/2022

Mario Treto Jr. MARIO TRETTO, JR.
ACTING SECRETARY *Cecilia Abundis* CECILIA ABUNDIS
ACTING DIRECTOR

The official status of this license can be verified at www.idfpr.com

Cut on Dotted Line ✂



Robin M. O'Connor
Lake County Clerk
 18 N. County Street, Rm. 101
 Waukegan, IL 60085
 (847) 377-2400

ASSUMED BUSINESS NAME
Application
\$5.00 Filing Fee

Name of Business: Touched by Jules

Nature/Purpose: Massage
Describe the service or type of business

Address(es) where business is to be conducted or transacted in this county:
611 Rockland Rd #2 Lake Bluff, IL 60044
Legal street address required - No P.O. box City, State, Zip

Mailing address or P.O. box [Redacted] **City, State, Zip** touchedbyjules@hotmail.com
Telephone number and E-mail address

Name and residence or mailing address of the person(s) owning, conducting or transacting business:

Julie Brockman Volk
 Name [Redacted] Name _____
 Street [Redacted] Street _____
 City, State, Zip [Redacted] Phone _____ City, State, Zip _____ Phone _____

Name _____ Name _____
 Street _____ Street _____
 City, State, Zip _____ Phone _____ City, State, Zip _____ Phone _____

STATE OF ILLINOIS)
 COUNTY OF LAKE)
 This is to certify the undersigned intend(s) to conduct the above named business and the true and legal full name(s) of person(s) owning, conducting or transacting the business is/are correct as shown.

Signature _____ Date _____ Signature _____ Date _____
 Signature _____ Date _____ Signature _____ Date _____

The foregoing instrument was acknowledged before me by



Printed name(s) of person(s) who appeared and signed before Notary Public

Printed name(s) of person(s) who appeared and signed before Notary Public

on this _____ day of _____, 20_____.

Signature of Notary Public _____ Place notary seal below

Form **LLC-5.5**

Illinois
Limited Liability Company Act
Articles of Organization

FILE # 11044522

Secretary of State **Jesse White**
Department of Business Services
Limited Liability Division
www.ilsos.gov

Filing Fee: \$150

Approved By: AJW

FILED
OCT 22 2021
Jesse White
Secretary of State

1. Limited Liability Company Name: TOUCHED BY JULES LLC

2. Address of Principal Place of Business where records of the company will be kept:
29W585 BATAVIA RD #4

WARRENVILLE, IL 60555

The Limited Liability Company has one or more members on the filing date.

Registered Agent's Name and Registered Office Address:

JULIE BROCKMAN VOLK


Purpose for which the Limited Liability Company is organized:

"The transaction of any or all lawful business for which Limited Liability Companies may be organized under this Act."
The LLC is to have perpetual existence.

Name and business addresses of all the managers and any member having the authority of manager:

BROCKMAN VOLK, JULIE
29 W. 585 BATAVIA RD #4
WARRENVILLE, IL 60555

Name and Address of Organizer

I affirm, under penalties of perjury, having authority to sign hereto, that these Articles of Organization are to the best of my knowledge and belief, true, correct and complete.

Dated: OCTOBER 22, 2021

JULIE BROCKMAN VOLK




Lake County
Planning, Building & Development

Lake County Certificate of Occupancy

500 W. Winchester Rd.
Libertyville, IL 60048
Phone: (847) 377-2600
lcpermits@lakecountyil.gov

Permit Number: PBDSI-053551-2021
Project Type: PB&D Special Inspection
Owner:

Address: 611 IL ROUTE 176 STE102
LAKE BLUFF, IL 60044
PIN: 12-19-204-013
Municipality: Unincorporated
Date: 11/12/2021

This is to certify that the building and use thereof, located as shown on Permit Number PBDSI-053551-2021 has been inspected and found to comply with the local Building Codes, relating to Building & Zoning.

Use: Life Safety Inspection for an intended massage therapy business

Robert Springer, CBO
BUILDING OFFICIAL

By: Matthew Nebgen
Deputy

Note: A new certificate is required if the USE of the building or premises is changed, or if alterations are made to the building or property described. A new certificate voids any certificate of prior date.



Lake County
Planning, Building & Development

Lake County Inspection Disposition

500 W. Winchester Rd.
Libertyville, IL 60048
Phone: (847) 377-2600
lcpermits@lakecountyil.gov

Permit # PBDSI-053551-2021

Permit Number: PBDSI-053551-2021
Project Type: PB&D Special Inspection
Inspection Type: Building Special Inspection
Inspector: Matthew Nebgen

Address: 611 IL ROUTE 176 STE102
LAKE BLUFF, IL 60044

Municipality: Unincorporated

Date: Friday, November 12, 2021
Overall Inspection Result: Passed

COMMENTS / ITEMS:

General Comments - Passed

Life safety approved

School of Holistic Massage and Reflexology, Inc.

This certifies that

Julie Lynn Brockman

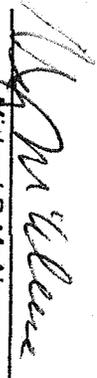
Has Successfully Completed 650 Hours of

Massage Therapy

January 6, 2005



Illinois State Board Certified


Michael P. McAleese
Director/Instructor