



## Application for Massage Therapy Business License Renewal

Annual Fee is \$100.00

Make Checks payable to the

LAKE COUNTY TREASURER

FOR OFFICE USE ONLY

License No.: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Fee Received: \_\_\_\_\_

1. Complete Name of Business: Julie Hansa Massage Therapy

2. Doing Business as (if applicable) \_\_\_\_\_

2.1 Name of Applicant(s) or Principal Director(s) Julie Hansa

2.2 Social Security Number of above named person(s) [REDACTED]

3. Address of place of Business for which Application is made: 15416 W. Oak Spring  
RD Libertyville, IL 60048

3.1 Are the premises for which the license is sought owned by the Applicant(s)? YES

3.2 If not, please identify the exact date of lease expiration. \_\_\_\_\_

4. Telephone number of place of business: 847-650-9788

5. Is the business is an Individual, a Partnership, Firm Association or Corporation: \_\_\_\_\_

(If corporation, complete items 5.1 through 5.3. All others, please skip to step 6).

5.1 Date of incorporation: \_\_\_\_\_

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 \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

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6. Does any partner, officer, manager, or a director or stockholder (of the applicant corporation) own more than five percent (5%) of the applicant's stock? \_\_\_\_\_ If yes, each person, as **well as sole proprietor**, must answer the following questions: (attach additional pages if needed)

Full name: \_\_\_\_\_ Over 18? \_\_\_\_\_

Percentage of Stock owned: \_\_\_\_\_ c. Title: \_\_\_\_\_

Residence of Applicant (for the past three years) (add additional pages, if needed)

Street	City, State	County	From/To
Street	City, State	County	From/To
Street	City, State	County	From/To

7. Business, occupation, or employment of Applicant(s) or to the persons listed in item 6. for the past three years (attach additional page(s) if needed): Massage Therapist

8. Has any license previously issued to the Applicant(s) or to the persons listed in item 6. by any State, Federal or local authority been revoked or suspended? No

9. Has any officer, director or employee ever been convicted of any crime, misdemeanor or felony under the criminal code of any state of the United States of America or permitted an appearance bond forfeiture concerning the above? No

9.1 If answer is Yes, state the offense and date \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Applicant(s) (including shareholders and stockholders owning more than 10% of stock, all officers and directors, partners, limited partners, or managers or other persons principally in charge of the massage establishment) must undergo state and federal criminal history checks and fingerprints via an approved vendor (applicant is responsible for fees). However, Applicant(s) may submit a copy of his/her current and valid Massage therapy License issued by the State of Illinois **or in lieu of** a background check.
11. A photograph must be placed on file with the Lake County Sheriff's Department for all persons listed above. Please contact the Sheriff's Office at 847-377-4000.

12. List any previous experience in the massage parlor business, including States where Applicant(s) hold a license to operate a massage parlor business.

I have been a LMT since 2003. I have worked in Chiropractors offices,  
Salon/Spa, and then self employed since 2013. I have had  
massage therapy business licences in Libertyville and currently in  
Mundelein.

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

Julie Hansa 15416 W. Oak Spring RD Libertyville, IL 60048

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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.

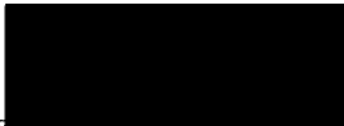
**FAILURE TO PROVIDE THIS INFORMATION WILL RESULT IN A DENIAL FOR THE MASSAGE THERAPY LICENSE.**

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.

### 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.



Signature

Title

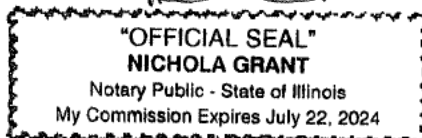
*Notary*

Subscribed and Sworn to before me on this

25 day of March, A.D. 2022

Notary Public

*Nichola Grant*



Subscribed and Sworn to before me on this

\_\_\_\_\_ day of \_\_\_\_\_, A.D. 20\_\_\_\_.

Notary Public

Signature

Title

Subscribed and Sworn to before me on this

\_\_\_\_\_ day of \_\_\_\_\_, A.D. 20\_\_\_\_.

Notary Public

Signature

Title



Liquor Control Commission  
18 N. County Street - 10<sup>th</sup> Floor  
Waukegan, Illinois 60085-4351  
Phone: 847-377-2300  
Fax: 847-360-7322

### CRIMINAL BACKGROUND FORM (UNINCORPORATED LAKE COUNTY)

**PLEASE NOTE:** All corporate officers and persons owning more than 5% of the stock of a corporate applicant, all members of a partnership applicant, all individual applicants, and all managers must be fingerprinted and obtain a local criminal background check.

Date: 3/25/22

Name of Establishment: Julie Hansa Massage Therapy

Address of Establishment: 15416 W. Oak Spring Rd  
Libertyville, IL 60048

Name of Applicant: Julie A Hansa Birthday: [REDACTED]  
First Name Middle Initial Last Name MONTH/DAY/YEAR

Address of Applicant: 15416 W. Oak Spring Rd  
Libertyville, IL 60048

Applicant Social Security Number: [REDACTED]

Applicant's Home Telephone Number: ( ) -

Applicants Work/Cell Phone Number: (847) 650-9788

To be completed by Liquor Investigator

This is to certify that a local criminal check has been completed by the Lake County Sheriff's Office on the applicant: \_\_\_\_\_,

Also known as \_\_\_\_\_,

Birthday \_\_\_\_\_, and Social Security # \_\_\_\_\_.

\_\_\_\_\_ Local records checked, and no records were located.

\_\_\_\_\_ Local records checked, and records located and attached.

\_\_\_\_\_  
Lake County Sheriff's Office - Liquor Investigator

Alison  
Above Biomatrix  
12-100-1000  
Joseph's Biomatrix.com

250 Parkway Drive Suite 150  
Lincoln Park, IL 60065

360 Ogden Ave #4  
Downers Grove, IL 60515

Name: Julie Hansa  
Address: 15416 W. Oak Spring Rd  
City: Libertyville State: IL Zip: 60048  
Birth Date: [REDACTED]  
(MM) (DD) (YYYY)

Gender: Female Race: Caucasian

Height: [REDACTED]

Hair Color: Grey Eye Color: Hazel

Place of Birth: Des Plaines, IL Phone: 847-650-9788  
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 cleared 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

[REDACTED]

Date: 3/18/22

For Office Use Only

Applicant TC#: L371931100

6039097

Cost: \$2

Applicant TC#: L371941791

State: IL

Applicant TC#: L3719701343

State: IL



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: 822144



Cut on Dotted Line ✂

Business Reference for Julie Hansa Massage Therapy

Dr. Jon Engstrom DC, CCSP, CKTP

Center For Wellness Chiropractic Care

700 N Lake St, Ste 102

Mundelein, IL 60060

04/06/2022

I am writing this letter to recommend the services of Julie Hansa Massage Therapy to you. During the past 6 years our company has been working with Julie Hansa. We collaborate on numerous patients regarding their care and have had a healthy referral network which includes her services. Our patients have always been satisfied with her care and the professionalism of her work. She works primarily with health care practitioners such as myself and operates on a higher level of quality compared to other therapists in the industry. If you have any questions regarding her care or her approach to massage therapy, I am readily available.

I would like to ask that you consider Julie Hansa Massage Therapy to provide her care in your community. You will not regret it.

Sincerely,

Dr. Jon Engstrom DC, CCSP, CKTP

Owner / President Center For Wellness Chiropractic Care

3/26/22

I am writing to you regarding Julie Hansa.

It has been our pleasure to have Julie & Brian Hansa as neighbors.

We became their neighbors 6 years ago. It was the first time we have ever had a shared driveway. Honestly, we were apprehensive at closing as many decisions have to be agreed upon concerning a shared driveway; maintenance, snow removal, etc.

When we moved in, we were immediately assured that we would not have any issues. Julie & Brian care deeply about keeping their home and property in tip-top shape.

The Hansas' are kind and considerate people. Julie told us her plans to bring her business into the home. It sounds like a great plan and we find no issues that will affect us. Knowing Julie, she will be adding additional landscaping to please her clients.

We wish Julie all the best in her business!

Val Maxwell & Manny Flores

Joseph and Susan Becker

Julie Hansa Massage Therapy  
700 N. Lake St. 102B  
Mundelein, IL 60060

04/08/2022

We are writing this letter to recommend the services of Julie Hansa Massage Therapy to you. Over the past 12 years we have been clients of Julie Hansa and have greatly benefited from her services. Julie is a true professional of her craft and we have been thoroughly satisfied with her work. She is knowledgeable, skillful, and thorough in her massage therapy treatments. My family has benefitted from her experience and training, and we glad that we are her clients and her friend.

I highly recommend her company and her service to you. She is an outstanding person and the town will be a better place with her company in your community.

Best Regards,

Joseph and Susan Becker



LakeCounty

Health Department and  
Community Health Center

500 W. Winchester Road, Suite 102  
Libertyville, IL 60048  
ph: 847.377.8020 / fax: 847.984.5622

**Lake County Health Department and Community Health Center  
Massage Therapy Facility Inspection Report**

Facility Name:	Julie Hansa Massage therapy		Permit Number
Permit Type:	massage therapy		
Street Address:	15416 W. Oak Spring Rd.		
City, State, Zip Code:	Libertyville IL 60048		
Inspection Date:	6-28-22	Start Time:	12:50pm
		Stop Time:	1:50pm
Person Interviewed:	Julie Hansa		

Inspection Type:	<input checked="" type="radio"/> Opening	<input type="radio"/> Routine Follow-up	<input type="radio"/> Complaint	<input type="radio"/> Request for Service
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Inspector Comments:

-owner will still redo floors and paint in room, will also install an outdoor opening to driveway

Lake County Health Department grants approval to open and operate the massage therapy, pending Lake County Planning, Building & Development and the Board approval.

Inspection Results: ☒ Passed ☐ Failed Reasons if failed: \_\_\_\_\_

Inspected by: [Redacted]

Follow Up Inspection Required? Yes ☐ No ☒

Follow-up Date: \_\_\_\_\_

License Holder Name: \_\_\_\_\_

License ID: \_\_\_\_\_

Expiration: \_\_\_\_\_

License Holder Name: [Redacted]

License ID: \_\_\_\_\_

Expiration: \_\_\_\_\_

License Holder Name: \_\_\_\_\_

License ID: \_\_\_\_\_

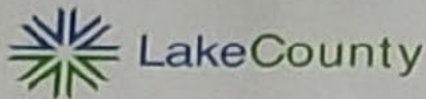
Expiration: \_\_\_\_\_

(Place other licenses in comments section)

## INSPECTION ITEMS

(Marked if out of compliance)

- ☐ **01. Display of License:** 114.38 – Every Licensee shall display a valid license in a conspicuous place within the massage establishment so that the same may be readily seen by persons entering the premises.
- ☐ **02. Employment of persons under age 18 prohibited:** 114.22 – It shall be unlawful for any licensee, owner, proprietor, manager, or other person in charge of any massage establishment to employ any person who is not at least 18 years of age.
- ☐ **03. Sanitary Conditions:** 114.20A - Every portion of the massage establishment and all mechanical and therapeutic devices that come into contact with the human body shall be kept cleaned, sanitized, and operated under sanitary conditions.
- ☐ **04. Cleaning Frequency:** 114.20B - All walls, ceilings, floors, pools, showers, bathtubs, steam rooms, and all other physical facilities shall be in good repair and maintained in a clean and sanitary condition. Wet and dry heat rooms, steam or vapor cabinets, shower compartments and toilet room shall be thoroughly cleaned each day the business is in operation. Bathtubs and showers shall be thoroughly cleaned after each use. When carpeting is used on the floors, it shall be kept dry.
- ☐ **05. Handwashing located/used:** 114.20C - Each masseur and masseuse shall wash his or her hands in hot running water, using a proper disinfectant soap, before administering a massage to each patron. Hand-washing facilities should be in each room or as close as practicable.
- ☐ **06. Linens laundered between customers:** 114.20D - All massage establishments shall be provided with clean, laundered sheets and towels in sufficient quantity and shall be laundered after each use thereof and stored in a sanitary manner. All towels and linens furnished for use of one patron shall not be furnished for use of another until laundered.
- ☐ **07. Covered during massage:** 114.20E - The sexual or genital area of patrons must be covered by non-transparent towels, cloths, or undergarments when in the presence of an employee, masseur, or masseuse.
- ☐ **08. Employees Covered:** 114.20F - All employees, including masseurs and masseuses, shall be clean and wear clean, non-transparent outer garments, covering the sexual and genital areas while administering a massage.
- ☐ **09. Skin infections (Customer):** 114.20G - No masseur or masseuse shall administer a massage to a patron who exhibits any skin fungus, skin infection, skin inflammation, skin eruption, or skin lesions (open or healing sores); unless a physician duly licensed by the state certified in writing that the person may be safely massaged.
- ☐ **10. Skin infections (Employee):** 114.20H - No person suffering from any symptoms described in subsection (G) above shall work or be employed in a massage establishment.
- ☐ **11. Closed lotion containers:** 114.20I - Oils, creams, lotions, or other preparations used in administering massages shall be kept in clean, closed containers or cabinets.
- ☐ **12. Massage work areas:** 114.20J - Eating in the massage work areas shall not be permitted. Animals, except for seeing-eye dogs, shall not be permitted in the massage work areas.
- ☐ **13. Crude behavior:** 114.20K - No masseur or masseuse, employee or operator shall perform, offer or agree to perform, any act which would require the touching of the patron's genital area. It shall be unlawful for any person in the massage parlor to touch, fondle, or massage a sexual or genital area of any other patron.
- ☐ **14. Contraindications:** 114.20L - Each masseur or masseuse shall disclose to each patron health problems that may be contraindicated to the administration of massage therapy.
- ☐ **15. Prices Posted:** 114.20M - Price rates for all services shall be prominently posted in the reception area in a location available to all prospective customers.
- ☐ **16. Alcohol Prohibited:** 114.20N - Alcohol shall not be served or sold on the premises.



Planning, Building and Development  
Central Permit Facility  
500 W. Winchester Rd. Ste 101  
Libertyville, Illinois 60084  
Phone 847-377-2600  
Email [permits@lakecountyil.gov](mailto:permits@lakecountyil.gov)

April 11, 2022

Julie Hansa  
15416 W. Oak Spring Road  
Libertyville, IL 60048

**Subject: 11-15-400-008**  
**Section 15 Township 44 Range 11**  
**Libertyville Township**

Dear Ms. Hansa:

This letter concerns your recent request to conduct a massage therapy facility from the residence located on the subject property. Please be advised that staff has reviewed your application and concludes that the proposed use as described in the application constitutes a customary home occupation according to Section 151.113-(E): Customary Home Occupation of the Lake County Code: Unified Development Ordinance (UDO).

Please note, however, that this approval is based on the following conditions, in addition to all other requirements contained in 151.113-(E):

- (1) *No signs shall be allowed.*
- (2) *There shall be no visible evidence of the conduct of a home occupation when viewed from the street right-of-way or from an adjacent lot.*
- (3) *Customers may visit the site only during the hours of 8 a.m. and 8 p.m., and no more than 6 customers or clients may visit the site in any single day.*
- (4) *All other applicable standards of the Section 151.113(E) of the Lake County Unified Development Ordinance shall be met.* A copy of these standards and your approved application has been enclosed for your records.

Please note, this license only allows for a home occupation and that you will need to contact Kristy Cechini at (847) 377-2288 regarding a license to allow for massage therapy on the subject property. If you require any additional information regarding the home occupation, please contact me at (847) 377-2146.

Sincerely,

Boris Schwarzenbach  
Planner

C: Jennifer Clark, County Board, District No. 15  
Robert Springer, Deputy Director/Building Official  
Dan Krill, Enforcement Program Manager