

1316 COUNTY-CITY BUILDING
227 W. JEFFERSON BOULEVARD
SOUTH BEND, INDIANA 46601-1830



PHONE 574/ 235-9251
FAX 574/ 235-9171

CITY OF SOUTH BEND JAMES MUELLER, MAYOR
BOARD OF PUBLIC WORKS

September 10, 2024

Mr. Kyle Griggs
New You Oasis LLC
910 E. Ireland Rd.
South Bend, Indiana 46614
kyle@newyouoasis.com

RE: Approval – License Renewal for Massage Establishment

Dear Mr. Griggs:

At its September 10, 2024 meeting, the Board of Public Works **approved** your request for the Massage Establishment at 910 E. Ireland Rd.

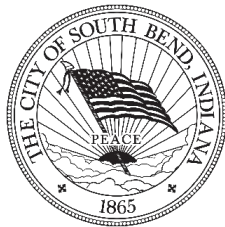
If you have any further questions, please call this office at (574) 235-9251.

Sincerely,

/s/ Theresa Heffner

Theresa Heffner, Clerk

Enclosures
TH/hh



**INTEROFFICE MEMORANDUM
BOARD OF PUBLIC WORKS**

DATE: 08/13/2024
TO: Brad Rohrscheib, Police Department
St. Joseph County Health Department - *see attached*
Derek Erquhart, Fire Department
Kari Myers, Zoning Department

FROM: Theresa Heffner, Clerk

SUBJECT: **RENEWAL - MASSAGE ESTABLISHMENT LICENSE
RECOMMENDATION**

BUSINESS NAME: **NEW YOU OASIS, LLC.**
ADDRESS: **910 E. IRELAND RD. STE. A**

**PLEASE INSERT YOUR RECOMMENDATIONS IN THE APPROPRIATE FIELD BELOW,
BASED ON THE FOLLOWING CRITERIA FROM MUNICIPAL CODE SEC. 4-35:**

1. The applicant and his/her partners have not been convicted of any crime involving unlawful deviate conduct, deviate sexual conduct, or unlawful sexual conduct within three (3) years prior to the date of application. (Verified by PD).
2. The applicant is a minimum of 18 years of age. (Verified by PD)
3. The applicant has passed an inspection from the St. Joseph County Health Department.
4. The massage establishment as proposed by the applicant would comply with all applicable laws, including but not limited to the City's building, zoning, health, fire and safety regulations. (Fire and Zoning, please verify)
5. A recognizable and legible sign shall be posted at the main entrance identifying the establishment as a massage establishment. (PW – please verify)

POLICE: Favorable recommendation

FIRE: Favorable – Space Passed Inspection

COMMUNITY INVESTMENT: The use is a permitted primary use in the C Commercial district.

LICENSE APPLICATION FOR - MASSAGE ESTABLISHMENT CARD
MUNICIPAL CODE SECTION - 4-35 Rec. 626201 \$225.00

I. APPLICATION TYPE Check One: New _____ Renewal X

II. BUSINESS DATA

A. Business Name NEW YOU OASIS LLC

B. Business Address: 910 E IRELAND RD STE A

City: SOUTH BEND State: IN Zip: 46614

C. Mailing Address (If different from above): _____

City: _____ State: _____ Zip: _____

D. Business Telephone Number: (574) 222-2244

E. Business Fax Number: N/A

F. E-Mail Address: kyle@newyouoasis.com

G. Zoning of Business Location: _____

H. Have you ever had a Massage Establishment license, or similar license, suspended or revoked by any governing municipality within three (3) years prior to the date of this application:

YES _____ NO X

1. If yes, what was the reason: _____

2. If yes, what was the business occupation following the suspension/revocation: _____

I. Describe the nature and scope of the business: HEALTH & WELLNESS SPA

For Office Use Only

Application Filed AUG 13 2024 Public Safety Approval _____

Application Fee Paid AUG 13 2024 License Fee Paid AUG 13 2024

Sent to Dept. AUG 13 2024 License Number MSEA024-013

SBPD
SBFD

Health-Permit#2402429

Not Approved _____
Reason _____

CITY OF SOUTH BEND, INDIANA
BOARD OF PUBLIC WORKS

Elizabeth A. Maradik
Elizabeth A. Maradik, President

Gary A. Gilot
Gary A. Gilot, Member

Murray L. Miller
Murray L. Miller, Member

Joseph R. Molnar
Joseph R. Molnar, Vice President

Briana Micou
Briana Micou, Member

Theresa M. Heffner
Attest: Theresa M. Heffner, Clerk

Date: September 10, 2024

\$225.00

LICENSE APPLICATION FOR - MASSAGE ESTABLISHMENT MUNICIPAL CODE SECTION - 4-35

III. OWNERSHIP

A. Type of ownership (check one):

- Sole Proprietorship (If sole proprietorship, proceed to 1).
 Partnership (If partnership, proceed to 2).
 Corporation (If corporation, proceed to 3).

1. Sole Proprietor

Name: Kyle E Gaigg

Residential Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip: [REDACTED]

2. Partnership (List at least two (2) partners)

Name #1: _____

Residential Address: _____

City: _____ State: _____ Zip: _____

Name #2: _____

Residential Address: _____

City: _____ State: _____ Zip: _____

3. Corporation

Legal name of corporation: _____

Date and state of incorporation: _____

List officers and directors who own 15% or more of stock:

Name #1: _____

Title: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Residential Address: _____

City: _____ State: _____ Zip: _____

Name #2: _____

Title: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Residential Address: _____

City: _____ State: _____ Zip: _____

LICENSE APPLICATION FOR - MASSAGE ESTABLISHMENT MUNICIPAL CODE SECTION - 4-35

III. OWNERSHIP (Continued)

3. Corporation (Continued)

Name #3: _____

Title: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Residential Address: _____

City: _____ State: _____ Zip: _____

IV. PERSONAL DATA

A. Applicant's Legal Name: Kyle E Griggs

B. Residential Address: _____

City: _____ State: _____ Zip: _____

C. Residential Telephone Number: (574) 807-5869

D. Residential Fax Number: N/A

E. Cellphone Number: (574) 807-5869

F. E-Mail Address: kgriggs622@gmail.com

G. Position with business: OWNER

H. Please list all criminal convictions (if any), excluding traffic violations:

Nature of Conviction	City	State	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Attach additional sheets if necessary)

I. Please list all addresses for three (3) years prior to application date:

Street Address	City	State	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Attach additional sheets if necessary)

J. Date of birth: _____

K. Gender: _____

L. Social Security Number: _____

M. Race: _____

LICENSE APPLICATION FOR - MASSAGE ESTABLISHMENT MUNICIPAL CODE SECTION - 4-35

IV. PERSONAL DATA (Continued)



D. Please list all previous employment for three (3) years prior to the date of this application:

Company	Address	City, State, ZIP	Dates
<u>NEW YOUNG OASIS LLC</u>	<u>910 E IRELAND RD</u>	<u>SOUTH BEND, IN 46614</u>	<u>2019 - PRESENT</u>

(Attach additional sheets if necessary)

V. INCLUDE WITH APPLICATION:

Three (3) passport photos taken within 6 months of application.

VI. INCLUDE \$5.00 PROCESSING FEE WITH APPLICATION

VII. INCLUDE A LIST OF ALL MASSAGE THERAPIST EMPLOYED BY ESTABLISHMENT

VIII. AFFIRMATION

I, hereby, certify and affirm that all of the information I have given in this application is true and accurate to the best of my knowledge. I further certify that I have in no way attempted to mislead the City in this application by omitting facts known to me. I agree to cooperate with any review conducted pursuant to the licensing procedures, including permission to enter and inspect the place of business and facilities in conjunction with such review. I certify that I will not allow massage therapy to be performed at this establishment by any person who does not possess a current massage therapist license. I have read and understand the regulations of the Massage Establishment and/or Therapist license found in the City of South Bend Municipal Code, Section 4-35.


Signature

04/16/2024
Date

Permit For: **Operation of a Massage Establishment**
Issued To: NEW YOU OASIS LLC
Owner: KYLE GRIGGS
Expires: 2/28/2025
SR/Permit No: 2402429

The St. Joseph County Health authorizes Massage Therapy to be performed at the facility identified above in accordance with St. Joseph County Code 113. Any person performing a massage must have a Massage Therapist Permit.

This permit must be posted in view of the public

 M.D.

Diana Purushotham, M.D.
St. Joseph County Health Officer