

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 24, 2024

Ms. Baiyan Tong
1952 Charles St.
South Bend, IN 46637

RE: Approval – License Application for New Massage Establishment

Dear Ms. Tong:

At its September 24, 2024 meeting, the Board of Public Works **approved** your request for the New Massage Establishment at 244 S. Olive St.

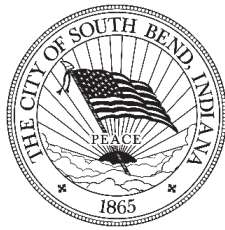
If you have any further questions, please call this office at (574) 235-9251.

Sincerely,

/s/ Theresa Heffner

Theresa Heffner, Clerk

Enclosures
TH/hh



**INTEROFFICE MEMORANDUM
BOARD OF PUBLIC WORKS**

DATE: 07/31/2024
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: **NEW - MASSAGE ESTABLISHMENT LICENSE
RECOMMENDATION**

BUSINESS NAME: **KT ROSE SPA**
ADDRESS: **244 S. OLIVE STREET**

**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 Recommendation

COMMUNITY INVESTMENT: No objections at this time. The use is permitted within the I Industrial district.

244 S. Olive St.

For all municipal business license questions, contact: City of South Bend • Department of Community Investment
227 West Jefferson Blvd • Suite 1400 S • South Bend, Indiana 46601 • 574.235.5912 • F: 574.235.9021

Rec. 029514 \$205⁰⁰

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

CASH

I. APPLICATION TYPE Check One: New Renewal

II. BUSINESS DATA

A. Business Name: KT Rose Spa

B. Business Address: 244 S. Olive Street

City: South Bend State: IN Zip: 46619

C. Mailing Address (If different from above): N/A

City: _____ State: _____ Zip: _____

D. Business Telephone Number: 309-314-6273

E. Business Fax Number: N/A

F. E-Mail Address: N/A

G. Zoning of Business Location: Industrial

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

1. If yes, what was the reason: N/A

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

I. Describe the nature and scope of the business: Give massages

For Office Use Only

Application Filed JUL 23 2024 Public Safety Approval _____

Application Fee Paid JUL 23 2024 License Fee Paid JUL 23 2024

Sent to Dept. JUL 23 2024 License Number MSE2024-016

Police JUL 23 2024 Fire JUL 23 2024

Zoning JUL 23 2024

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 24, 2024

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: Baiyan Tong
Name: Tong Baiyan
Residential Address: [REDACTED]
City: South Bend State: IN Zip: 46637

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: Tong Baiyan

B. Residential Address: _____

City: South Bend State: IN Zip: 46637

C. Residential Telephone Number: _____

D. Residential Fax Number: N/A

E. Cellphone Number: _____

F. E-Mail Address: _____

G. Position with business: owner

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

Nature of Conviction	City	State	Date
<u>N/A</u>			

(Attach additional sheets if necessary)

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

Street Address	City	State	Dates
<u>(current)</u>	<u>South Bend</u>	<u>IN</u>	<u>2023 - 2024</u>
<u>13402 Westgate CT.</u>	<u>Orland Park</u>	<u>IL</u>	<u>2016 - 2023</u>

(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)



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

Company	Address	City, State, ZIP	Dates
Council Oak Spa	Postage Ave.	SB	2022

(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.

Baiyan Tong

Signature

7/22/2024

Date

Michelle Adams

From: Brian L. Meador
Sent: Tuesday, July 23, 2024 11:46 AM
To: Michelle Adams; DL-SBPDOutreach
Subject: RE: Massage Applications 7/23

PD-No Concerns/Issues

PFC Brian L. Meador

Community Resource Officer
Strategic Intel Office – SIO
South Bend Police Department | Operations Division
(574) 235-5897
bmeador@southbendin.gov

From: Michelle Adams <madams@southbendin.gov>
Sent: Tuesday, July 23, 2024 11:37 AM
To: DL-SBPDOutreach <DL-SBPDOutreach@southbendin.gov>
Subject: Massage Applications 7/23

Good morning Officers,

Attached are two new applications for your review and recommendation.

MESSAGE THERAPIST

- Baiyan Tong – (owner of KT Rose Spa)

MESSAGE ESTABLISHMENT

- Kt Rose Spa – 244 S. Olive St.

Thank You,



Michelle Adams
City of South Bend
Business License Administrator
Department of Community Investment
227 W. Jefferson Blvd., Suite 1400 S.
South Bend, IN 46601
(574)235-5912

ZONING APPROVAL

Michelle Adams

From: Kari Myers
Sent: Tuesday, July 23, 2024 11:51 AM
To: Michelle Adams
Cc: Jeffrey Murawski
Subject: RE: Massage Establishment 244 S. Olive St.

Good morning –

A massage establishment is a permitted primary use in the I Industrial zoning district.

Let me know if you have any questions.

From: Michelle Adams <madams@southbendin.gov>
Sent: Tuesday, July 23, 2024 11:44 AM
To: Kari Myers <kmyers@southbendin.gov>
Cc: Jeffrey Murawski <JMURAWSKI@sjcindiana.com>
Subject: Massage Establishment 244 S. Olive St.

Hi Kari,

RE: KT Rose Spa – 244 S. Olive St. – Zoned Industrial

Please verify that a Massage Establishment is an allowable use and that there are no zoning issues they may prevent the license from being issued.

Please include Jeff Murawski, Health Department, in your response.

Thank You!



Michelle Adams

City of South Bend
Business License Administrator
Department of Community Investment
227 W. Jefferson Blvd., Suite 1400 S.
South Bend, IN 46601
(574)235-5912