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. 629514 \$905*** LICENSE APPLICATION FOR - MASSAGE ESTABLISHMENT CASH MUNICIPAL CODE SECTION - 4-35

Gary A. Gilot, Member Briana Micou, Member Mary L. Meller (All f	. APPLICATION TYP	PE Check One:	New	\checkmark	Renewal	
B. Business Address: 244 S. Orac State: In Zip: 40019 City: Seath Bend State: In Zip: 40019 City: State: Zip: D. Business Felephone Number: 309-314-0273 E. Business Fax Number: F. E-Mail Address: NA 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	I. BUSINESS DATA					
City: South Bend State: TN Zip: 400 9 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: Tndustrial 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 1. Describe the nature and scope of the business: Givt Massages For Office Use Only Application Filed JUL 2 3 2024 Public Safety Approval License Fee Paid JUL 2 3 2024 License Fee Paid JUL 2 3 2024 License Fee Paid JUL 2 3 2024 License Number MSE 2024-016 Polic CUIL 2 3 2024 Fire Co. Zoning JUL 2 3 2024 License Number MSE 2024-016 For Office Use Only Polic CUIL 2 3 2024 Fire Co. Zoning JUL 2 3 2024 License Number MSE 2024-016 Figure Manual Revolution Filed MSE 2024-016 Figu	A. Business	Name: KT Ross	2500			
C. Mailing Address (If different from above): N/A City: State: Zip: D. Business Telephone Number: 309-314-0273 E. Business Fax Number: N/A F. E-Mail Address: N/A G. Zoning of Business Location: Tradustrial 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 1. Describe the nature and scope of the business: Givt Massages For Office Use Only Public Safety Approval JUL 2 3 2024 ent to Dept. JUL 2 3 2024 Coning JUL 2 3 2024 License Fee Paid JUL 2 3 2024 License Number MSE 2024-016 Colic CJUL 2 3 2024 License Numbe	B. Business	Address: 244 S.	Brisk St	-det		
City: State: Zip: D. Business Telephone Number: 309-314-0273 E. Business Fax Number: 1	Cit	v: South Bend	St	ate:	Zip: 4	6619
D. Business Telephone Number: 309-314-6273 E. Business Fax Number: NA F. E-Mail Address: NA 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: NA 2. If yes, what was the business occupation following the suspension/revocation: NA I. Describe the nature and scope of the business: Givl MASS ages For Office Use Only Public Safety Approval JUL 2 3 2024 License Fee Paid JUL 2 3 2024 License Fee Paid JUL 2 3 2024 Colic CJUL 2 3 2024 License Number MSE 2024-Old Olic CJUL 2 3 2024 Cory of Socrati Approved Gray A Color Approved Gray A Colo	C. Mailing	Address (If different from	above):	A		
E. Business Fax Number: F. E-Mail Address: 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	Cit	y:				-
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by any governing municipality within three (3) years prior to the date of this application: YESNO	G. Zoning o	f Business Location:	Industr	ial		
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					Gary A. Gilot, Member	Briana Micou, Member
Manay D. Manay, Memory Manay M. Heriott M. Heriott M. Heriott			1		Murray L. Miller, Member	Attest: Theresa M. Heffner, Clerk

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

- W	Sole Proprietorship (If sole proprietors Partnership (If partnership, proceed to	ship, proceed to 1). o 2}.
	Corporation (If corporation, proceed to	03).
1. Sole Proprietor	Baiyan Tong	
	a Baiyan	
Residential Addr	ess: NAMANDON NAME OF THESE	OLD COURT
City: Whilehall	White South State:	A IN Zip:
	Bend	
2. Partnership (List at lea		
	ress:	
City:	State:	Zip:
Nama #2:		
	1000	
	ress:State:	
City		Zip
3. Corporation		
Legal name of co	orporation:	
Date and state o	fincorporation;	
List officers and directors	s who own 15% or more of stock:	
Name #1:	_	
	s:	
City:	State:	Zip:
Residential Addr	ess:	
City:	State:	Zip:
Name #2:		
Title:		
Business Address	s:	
	State:	
Residential Addr	ress:	
City	State:	7in:

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

III. OWNERSHIP (Co	ontinued)			
3.	Corporation (Continued)			
	Name #3:			i)
	Title:			
	Business Address:			
	City:	State:		Zip:
	Residential Address:			
	City:	State:	37 15 15	Zip:
IV DEDCOMAL DAT	A 1/-	¥		
IV. PERSONAL DAT	nt's Legal Name:	Baiyan		
	tial Address:	V		
	y: South Bend	State:	N Z	rip: 46637
	tial Telephone Number:	State.		
	tial Fax Number:		2	
	ne Number:			
	ddress:			
G. Position	with business:) -)		
H. Please l	ist all criminal convictions (if an	y), excluding trafficv	iolations:	
	ture of Conviction	City	State	Date
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7000-1-0	### ### ### ### ### ### #### #########			e————
•	ditional sheets if necessary)	us nuisu to applicatio	n data:	
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_	0 1 1 1 1 1 1	South Down		CXO C - NOTIVINA
134	02 Westgate CT.	Orland Park	LL	MANAGE HISTORY
				2016-3033
(Attach ad	ditional sheets if necessary)			y,
J. Date of	pirth:			
K. Gender		9 - 1		
L. Social Se	ecurity Number:			
M. Race: _		Pv		

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

IV. PFRSONAL 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

Counsil Oak Spa Portage Ave. SB 2002

(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

Signature

- 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.

Bai Jan Tong

SBPD APPROVAL

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.

MASSAGE THERAPIST

Baiyan Tong –

(owner of KT Rose Spa)

MASSAGE 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: Cc:

Michelle Adams 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