

**INTEROFFICE MEMORANDUM  
BOARD OF PUBLIC WORKS**

**DATE:** 02/13/2026  
**TO:** Brad Rohrscheib, Police Department  
St. Joseph County Health Department - *see attached*  
Derek Erquhart, Fire Department  
Tim Staub, Zoning Department

**FROM:** Hillary Horvath, Clerk; [PWengineering@southbendin.gov](mailto:PWengineering@southbendin.gov)

**SUBJECT:** **NEW - MESSAGE ESTABLISHMENT LICENSE  
RECOMMENDATION**

**BUSINESS NAME:** MESSAGE BY KATIE  
**ADDRESS:** 310 N. IRONWOOD DR.

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**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:** Favorable recommendation

CARD  
REC. 479573  
\$205.00

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

I. APPLICATION TYPE Check One: New  Renewal

### II. BUSINESS DATA

A. Business Name: Massage by Katie

B. Business Address: 310 N. Ironwood Drive

City: South Bend State: IN Zip: 46615

C. Mailing Address (If different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

D. Business Telephone Number: 574-292-9448

E. Business Fax Number: \_\_\_\_\_

F. E-Mail Address: massagebykatie90@gmail.com

G. Zoning of Business Location: Urban Neighborhood Flex

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: \_\_\_\_\_

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

I. Describe the nature and scope of the business: Massage therapy, providing relaxation, therapeutic and deep tissue massage. Also offer cupping and hot stones.

### For Office Use Only

Application Filed Feb. 12, 2026 Public Safety Approval \_\_\_\_\_

Application Fee Paid Feb. 12, 2026 License Fee Paid Feb. 12, 2026

Sent to Dept. Feb. 13, 2026 License Number MST2026-004

Not Approved \_\_\_\_\_

Reason \_\_\_\_\_

CITY OF SOUTH BEND, INDIANA  
BOARD OF PUBLIC WORKS

  
Elizabeth A. Maradik, President

  
Murray L. Miller, Member

  
Abigail E. Magas, Member

  
Joseph R. Molnar, Vice President

  
Breana N. Micou, Member

  
Attest: Hillary R. Horvath, Clerk

Date: May 7, 2026

## 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: Kathryn (Katie) Marie Mathews  
Residential Address: [REDACTED]  
City: [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: Kathryn (Katie) Marie Mathews

B. Residential \_\_\_\_\_

City: \_\_\_\_\_

C. Residential Telephone Number \_\_\_\_\_

D. Residential Fax Number: \_\_\_\_\_

E. Cellphone Number \_\_\_\_\_

F. E-Mail Address \_\_\_\_\_

G. Position with business: Owner / Massage therapist

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

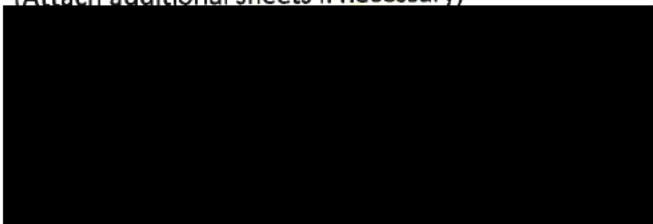
Nature of Conviction	City	State	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(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)



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

### IV. PERSONAL DATA (Continued)

#### N. Photographs:

Attach below (3) Passport photos, 1"x1", taken within 6 months of the date of this application.



Company	Address	City, State, ZIP	Dates
<u>Heart to Heart</u>	<u>2004 Ironwood Cir.</u>	<u>South Bend<sup>IN</sup> 46635</u>	<u>2025-2025</u>
<u>Martins Supermarket</u>	<u>720 S. 11<sup>th</sup> St.</u>	<u>Niles, MI. 49120</u>	<u>2010-2025</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. INCLUDE A LIST OF SERVICES AVAILABLE AND THE COST OF SUCH SERVICES

### IX. AFFIRMATION

I, hereby, certify and affirm that all 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.

Kathryn Marie Matthews

Signature

2-12-26

Date



madams@southbendin.gov

2 of 2

Compose



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Labels

Notes

Upgrade



**Michelle Adams** <madams@southbendin.gov>  
to me

Tue, Oct 7, 2025, 8:47 AM



Good morning Catherine,

The property located at 310 N. Ironwood Dr. is Zoned Urban Neighborhood Flex, which does allow for a massage establishment to operate. I've attached a copy of the application, so when you move you can submit the paperwork for the new location.

**CAUTION: This email originated from outside of the City of South Bend's network. Do not click links or open attachments unless you validate the sender and know the content is safe. Please report any suspicious emails to the CyberSecurity team by clicking the Phish Alert Button in Outlook.**

Please note that our offices are moving. The new South Bend City Hall will open to the public on October 13, 2025. Our new address is 215 S. Dr. Martin Luther King Jr. Blvd., South Bend, IN 46601. Please use this for all future correspondence. [Learn more about the move](#)

One attachment • Scanned by Gmail

Add to Drive



A quick hello from Heart 2 Heart ...

## **ROOM LEASE AGREEMENT**

This Room Lease Agreement ("Agreement") is entered into as of January 15, 2026, by and between:

**Landlord:** Cello Properties LLC, an Indiana limited liability company

**Tenant:** Kathryn Marie Mathews, Independent Contractor

### **1. Premises**

Landlord leases to Tenant one private room within the premises located at 310 N. Ironwood Dr., South Bend, IN 46615. Tenant shall also have shared access to the break room, front desk area, waiting room, and restrooms.

### **2. Term**

The term of this Agreement shall be for one (1) year, beginning January 15, 2026, and ending January 14, 2027.

### **3. Rent**

Tenant agrees to pay rent in the amount of \$400 per month, due on the first (1st) day of each month.

### **4. Independent Contractor Status**

Tenant is an independent contractor and is not an employee of Landlord. Tenant is solely responsible for their own business operations, taxes, and professional conduct.

### **5. Insurance**

Tenant shall maintain professional and general liability insurance and provide proof of insurance upon request.

### **6. Supplies**

Tenant shall provide their own supplies and equipment necessary for their services.

### **7. Subleasing**

Tenant may not sublease or assign use of the room to any other person.

### **8. Termination**

Either party may terminate this Agreement with three (3) days written notice.

### **9. Governing Law**

This Agreement shall be governed by the laws of the State of Indiana.

**LANDLORD:**

Cello Properties LLC

Signed by:  
Signature: *Cathy Iannicello*  
Name: Cathy Iannicello  
Date: 01/15/2026

**TENANT:**

Kathryn Marie Mathews  
Signature: *Kathryn Marie Mathews*  
Date: 01/15/2026

# Signature Certificate

Document completed by all parties on 02/10/2026 @ 15:22 EST  
Document ID: 698b938e242c3b001f702bd0

## Sender information

Sent On: 02/10/2026 @ 15:22 EST  
Timezone: Eastern Standard Time  
Sender: cathy iannicello michianamassageschool@gmail.com  
Sender IP: 71.201.79.251

## Signer



cathy iannicello  
michianamassageschool@gmail.com

Received: 02/10/2026 @ 15:22 EST  
Viewed: 02/10/2026 @ 15:22 EST  
Signed: 02/10/2026 @ 15:22 EST

## Signature

*Cathy Iannicello*

IP: 71.201.79.251



# Signature Certificate

Document completed by all parties on 02/10/2026 @ 15:25 EST

Document ID: 698b9445242c3b001f702bd9

## Sender information

Sent On: 02/10/2026 @ 15:25 EST

Timezone: Eastern Standard Time

Sender: cathy iannicello michianamassageschool@gmail.com

Sender IP: 71.201.79.251

## Signer



cathy iannicello  
michianamassageschool@gmail.com

Received: 02/10/2026 @ 15:25 EST

Viewed: 02/10/2026 @ 15:25 EST

Signed: 02/10/2026 @ 15:25 EST

## Signature

*Kathryn Marie Mathews*

IP: 71.201.79.251





# Massage by Katie

*Feel better, one massage at a time.*

## Services:

Swedish Relaxation

\$80/hr

Therapeutic

\$80/hr

Deep Tissue

\$95/hr

## Add-Ons:

• Cupping \$5

• Hot Stones \$5

By appointment only.

[www.messagebykatie.com](http://www.messagebykatie.com)

**INDIANA** OPERATOR LICENSE

bmv.IN.gov  
PETER L. LACY, COMMISSIONER



AF DLN 9370-63-8479 08/01/2027



1 MATHEWS  
2 KATHRYN MARIE

8 1013 JACKSON ST  
MISHAWAKA, IN 46544

9 CLASS NONE 10 END NONE  
12 RES NONE

13 SEX F 16 HGT 5'-04" 17 WGT 115 lb  
18 EYES HAZ 19 HAIR BRO

3 DOB 08/01/1990 4a ISS 01/07/2021

5 ID 01072139200129



08/01/90

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