



CITY OF SOUTH BEND

BOARD OF PUBLIC WORKS

May 26, 2026

Ms. Suzanne Thomas
Massage by Suzanne
914 Lincoln Way West
South Bend, IN 46616
Smt1013@gmail.com

RE: Approval – License Renewal of Massage Establishment

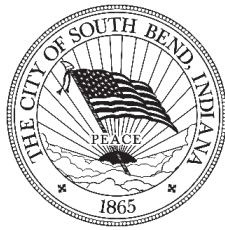
Dear Ms. Thomas

At its May 26, 2026 meeting, the Board of Public Works **approved** your request for the renewal of the Massage Establishment at 914 Lincoln Way West.

Sincerely,

/s/ Hillary Horvath

Hillary Horvath, Clerk



**INTEROFFICE MEMORANDUM
BOARD OF PUBLIC WORKS**

DATE: 03/3/2026
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

SUBJECT: RENEWAL - MASSAGE ESTABLISHMENT LICENSE
RECOMMENDATION

BUSINESS NAME: MASSAGE BY SUZANNE
ADDRESS: 914 LINCOLN WAY WEST

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 (passed fire inspection)

COMMUNITY INVESTMENT: Favorable Recommendation

CK 92424199
REC. 4802229205 db

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 Suzanne
B. Business Address: 914 Lincoln Way West
City: South Bend State: IN Zip: 46606
C. Mailing Address (If different from above): [Redacted]
City: [Redacted] State: IN Zip: [Redacted]
D. Business Telephone Number: Cell 574-993-7537
E. Business Fax Number: N/A
F. E-Mail Address: SMT1013@gmail.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

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: General Massage Therapy

For Office Use Only	
Application Filed <u>FEB 25 2026</u>	Public Safety Approval _____
Application Fee Paid <u>FEB 25 2026</u>	License Fee Paid <u>FEB 25 2026</u>
Sent to Dept. <u>FEB 25 2026</u>	License Number <u>MSE2026-009</u>

Not Approved _____
Reason _____

CITY OF SOUTH BEND, INDIANA
BOARD OF PUBLIC WORKS

Elizabeth A. Maradik
Elizabeth A. Maradik, President
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Abigail E. Magas, Member

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Breana N. Micou, Member
Hillary R. Horvath
Attest: Hillary R. Horvath, Clerk

Date: May 26, 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: Suzanne Thomas
Residential Address: [REDACTED]
City: [REDACTED] State: IN 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: Suzanne Thomas

B. Residential Address: _____

City: _____ State: IN Zip: _____

C. Residential Telephone Number: 574-993-7537

D. Residential Fax Number: N/A

E. Cellphone Number: Same as above

F. E-Mail Address: SMT1013@gmail.com

G. Position with business: OWNER/OPERATOR

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
<u>Same as above</u>			

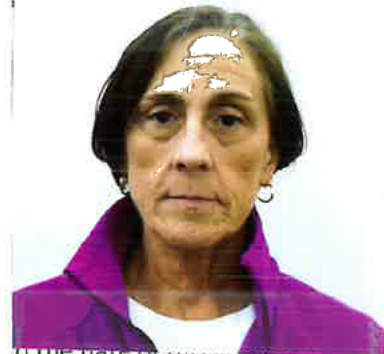
(Attach additional sheets if necessary)



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

IV. PERSONAL DATA (Continued)

N Photographs:



Company	Address	City, State, ZIP	Dates
<i>Same as current</i>			

(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.

Suzanne Thomas
Signature

2/25/2026
Date