



CITY OF SOUTH BEND

BOARD OF PUBLIC WORKS

May 26, 2026

Ms. Alyssa Eslinger
Soul Fire Yoga
2314 E. Mishawaka Ave.
South Bend, IN 46615
soulfireyogasb@gmail.com

RE: Approval – License Renewal of Massage Establishment

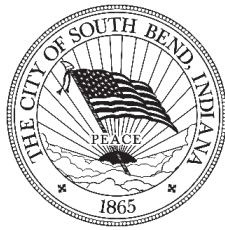
Dear Ms. Eslinger

At its May 26, 2026 meeting, the Board of Public Works **approved** your request for the renewal of the Massage Establishment at 2314 E. Mishawaka Ave.

Sincerely,

/s/ Hillary Horvath

Hillary Horvath, Clerk



**INTEROFFICE MEMORANDUM
BOARD OF PUBLIC WORKS**

DATE: 03/09/2026
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: FIRE SOUL YOGA
ADDRESS: 2314 E. MISHAWAKA AVE.

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

REC. 480205 \$305.00
CK1166

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

I. APPLICATION TYPE Check One: New _____ Renewal X

II. BUSINESS DATA

A. Business Name: SOUL FIRE YOGA

B. Business Address: 2314 E MISHAWAKA AVE

City: SOUTH BEND State: IN Zip: 46615

C. Mailing Address (If different from above): 526 WEBSTER ST

City: MISHAWAKA State: IN Zip: 46545

D. Business Telephone Number: 574-213-2244

E. Business Fax Number: _____

F. E-Mail Address: SOULFIREYOGASB@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 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: _____

YOGA STUDIO - fitness & yoga classes

For Office Use Only

Application Filed FEB 25 2026 Public Safety Approval _____

Application Fee Paid MAR 02 2026 License Fee Paid MAR 02 2026

Sent to Dept. MAR 02 2026 License Number MSE2026-010

CITY OF SOUTH BEND, INDIANA
BOARD OF PUBLIC WORKS

Not Approved Reason _____

Elizabeth A. Maradik
Elizabeth A. Maradik, President

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Joseph R. Molnar, Vice President

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Breana N. Micou, Member

Abigail E. Magas
Abigail E. Magas, Member

Hillary R. Horvath
Attest: Hillary R. Horvath, Clerk

Date: May 26, 2026

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

APPLICATION PROCESS (Continued):

- f. The applicant has not had a massage establishment license or a massage technician permit or other similar license or permit denied or revoked for cause by this City or by any other city in this or any other state within three (3) years of the date of application.
 - g. The applicant, if an individual, or any of the officers and directors, if the applicant is a corporation, or any of the partners, including limited partners, of the applicant is a partnership, is eighteen (18) years of age.
 - h. The applicant, if a corporation, is licensed to do business and is in good standing in the State of Indiana.
 - i. The massage establishment as proposed by the applicant would comply with the requirements of this Article (Municipal Code Section 4-35).
7. License issued on payment of fee.
 8. Permit holder may do business with properly displayed License, and in compliance with §4-35, including Building Department, Fire Department, and Health Department inspections as required.

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: ALYSSA ESLINGER — SOUL FIRE YOGA
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: ALYSSA ESLINGER

B. Residential Address: _____

City: _____

C. Residential Telephone Number: _____

D. Residential Fax Number: _____

E. Cellphone Number: _____

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

G. Position with business: Owner/CEO

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>903 Wheathy Dr</u>	<u>South Bend</u>	<u>IN</u>	<u>07/2018 - 10/2024</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)

N. Photographs:



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

Company	Address	City, State, ZIP	Dates
<u>Soul Fire Yoga</u>	<u>2314 E. Mishawaka</u>	<u>South Bend, IN 46615</u>	<u>10/2022 - present</u>
<u>Promoveo Health</u>	<u>701 Palomar Airport Rd</u>	<u>Carlsbad, CA 92011</u>	<u>01/2024 - 04/2025</u>
<u>Talent Source</u>	<u>4440 Edison Lakes</u>	<u>Mishawaka, IN 46545</u>	<u>04/2025 - 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. 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.

Alyssa Eslinger
 Signature

2/11/2026
 Date

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Sacred Space Massage Therapy

Stephanie Harrison

Website: <https://stephanieharrison2.glossgenius.com/>



Stephanie

Licensed Massage Therapist

Offered at Soul Fire Yoga

Bodywork Services

Facilitated by Stephanie Harrison LMT

Services include:

- Relaxation Massage
- Deep Tissue Massage
- Medical Massage
- Manual Lymphatic Drainage: Vodder Method
- Cupping Therapy
- Offered in 60,90,120 min sessions

Prices: Flat Rate, gratuity included

- \$125/60 mins
- \$180/90 mins
- \$250/120 mins

Book Now