



CITY OF SOUTH BEND

BOARD OF PUBLIC WORKS

June 9, 2026

Mr. Paul Sexton
Alchemy Healing Arts LLC
1949 Berkley Place
South Bend, IN 46616
admin@alchemysb.co

RE: Approval – License Application for New Massage Establishment

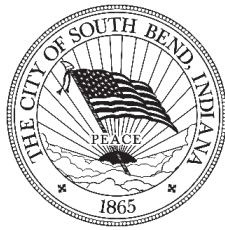
Dear Mr. Sexton:

At its June 9, 2026 meeting, the Board of Public Works **approved** your request for the New Massage Establishment at 908 Portage Ave., Suite 105-106.

Sincerely,

/s/ Hillary Horvath

Hillary Horvath, Clerk



**INTEROFFICE MEMORANDUM
BOARD OF PUBLIC WORKS**

DATE: 03/19/2026
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: **NEW - MESSAGE ESTABLISHMENT LICENSE
RECOMMENDATION**

BUSINESS NAME: **ALCHEMY HEALING ARTS LLC**
ADDRESS: **908 PORTAGE AVE., SUITE 105-106**

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

\$205.00 CARD
REC. 480300

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

I. APPLICATION TYPE Check One: New Renewal

II. BUSINESS DATA

A. Business Name: Alchemy Healing Arts LLC

B. Business Address: 908 Portage Avenue, 105-106

City: South Bend State: IN Zip: 46616

C. Mailing Address (If different from above): 1949 Berkley Place

City: South Bend State: IN Zip: 46616

D. Business Telephone Number: 574.344.8455

E. Business Fax Number: _____

F. E-Mail Address: admin@alchemysb.co

G. Zoning of Business Location: NC - Neighborhood Center, permits Personal Services, including Massage Therapy

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: Alchemy Healing Arts in a holistic wellness collective offering massage therapy, somatic therapy, talk therapy, yoga, and curated locally-made products.

For Office Use Only

Application Filed MAR 19 2026 Public Safety Approval _____

Application Fee Paid MAR 19 2026 License Fee Paid MAR 19 2026

Sent to Dept. MAR 19 2026 License Number MSE2026-014

Not Approved _____
Reason _____

CITY OF SOUTH BEND, INDIANA
BOARD OF PUBLIC WORKS

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

Date: June 9, 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: _____
Residential Address: _____
City: _____ State: _____ Zip: _____

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: Alchemy Healing Arts LLC
Date and state of incorporation: 02.02.2026 - Indiana

List officers and directors who own 15% or more of stock:

Name #1: Paul Sexton
Title: Manager
Business Address: 908 Portage Avenue
City: South Bend State: IN Zip: 46616

Residential Address: [REDACTED]
City: [REDACTED] State: [REDACTED] Zip: [REDACTED]

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: Paul Brian Sexton

B. Residential Address: _____

City: _____ State: _____ Zip: _____

C. Residential Telephone Number: _____

D. Residential Fax Number: _____

E. Cellphone Number: _____

F. E-Mail Address: admin@alchemysb.co

G. Position with business: Manager

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)

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:

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



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

Company	Address	City, State, ZIP	Dates
The South Bend Clinic	52500 Fir Road	Granger, IN 46530	Feb 2024 - Present
HealthLinc	621 Memorial Drive #402	South Bend, IN 46601	Aug 2021-Feb 2024
Family Psychology of South Bend	922 East Wayne Street, 205-206	South Bend, IN 46617	Sept 2020 - July 2021

(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.

Signature

03.18.2026

Date

Alchemy Healing Arts LLC

Massage Therapy by Appointment Only

Katharine Jamieson – Massage Therapist renting office starting April 1, 2026

574.349.4532; katieannejamieson@gmail.com

904 Harrison Avenue

South Bend, IN 46616

Services/Rates

45-min therapeutic massage - \$70

60-min therapeutic massage - \$85

75-min therapeutic massage - \$100

90-min therapeutic massage - \$115

90-min Trauma Touch Therapy - \$150

Dena Woods – Massage Therapist renting office starting April 1, 2026

574.261.8500; healinglabsomatics@gmail.com

20807 Wellesley Court

South Bend, IN 46637

Services/Rates

Trauma Touch Therapy - \$175

Somatic Yoga - \$175