



CITY OF SOUTH BEND

BOARD OF PUBLIC WORKS

June 9, 2026

Ms. Deborah Barton
A Healing Oasis
714 E. Jefferson Blvd.
South Bend, IN 46614
ahealingoasisb@gmail.com

RE: Approval – License Renewal of Massage Establishment

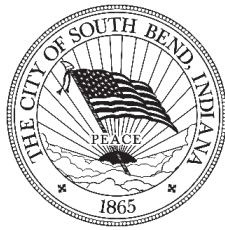
Dear Ms. Barton

At its June 9, 2026 meeting, the Board of Public Works **approved** your request for the renewal of the Massage Establishment at 714 E. Jefferson Blvd.

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: A HEALING OASIS
ADDRESS: 714 E. JEFFERSON BLVD

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

For all municipal business license questions, contact: City of South Bend • Department of Community Investment
215 S. Dr. Martin Luther King Jr. Blvd. • Suite 500
South Bend, Indiana 46601 • 574.235.5912 • F: 574.235.9021

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

I. APPLICATION TYPE Check One: New Renewal \$5.00 ONLINE RENEWAL

II. BUSINESS DATA

A. Business Name: A HEALING OASIS

B. Business Address: 714 E. JEFFERSON BLVD.

City: SOUTH BEND State: IN Zip: 46614

C. Mailing Address (If different from above): _____

City: _____ State: _____ Zip: _____

D. Business Telephone Number: 574-286-2956

E. Business Fax Number: _____

F. E-Mail Address: AHEALINGOASISSB@GMAIL.COM

G. Zoning of Business Location: COMMERCIAL

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: A HEALING OASIS RENTS OUT SPACE TO DIFFERENT PRACTITIONERS SO THEY CAN HAVE INDIVIDUAL SESSIONS AS WELL AS GROUP MEETUPS, CLASSES OR EVENTS. THIS INCLUDES MASSAGE THERAPIST

Ball - \$200.00

For Office Use Only

Application Filed FEB. 27, 2026 Public Safety Approval _____

Application Fee Paid FEB. 27, 2026 License Fee Paid _____

Sent to Dept. FEB. 27, 2026 License Number MSE2026-011

Not Approved _____
Reason _____

CITY OF SOUTH BEND, INDIANA
BOARD OF PUBLIC WORKS

Elizabeth A. Maradik

Elizabeth A. Maradik, President

Murray L. Miller

Murray L. Miller, Member

Abigail E. Magas, P.E.

Abigail E. Magas, Member

Joseph R. Molnar

Joseph R. Molnar, Vice President

Breana N. Micou

Breana N. Micou, Member

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):

- LLC Sole Proprietorship (If sole proprietorship, proceed to 1).
 Partnership (If partnership, proceed to 2).
 Corporation (If corporation, proceed to 3).

1. Sole Proprietor

Name: BARTON ENTERPRISES LLC
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 - MESSAGE 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: DEBORAH A BARTON

B. Residential Address: _____

City: _____ State: IN Zip: _____

C. Residential Telephone Number: _____

D. Residential Fax Number: _____

E. Cellphone Number: 574-286-2956

F. E-Mail Address: _____

G. Position with business: FOUNDER/OWNER

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

Nature of Conviction	City	State	Date
<u>N/A</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Attach additional sheets if necessary)

I. Please list all addresses for three (3) years prior to application date:

Street Address	City	State	Dates
<u>LIVED AT SAME ADDRESS FOR OVER 25 YRS</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Attach additional sheets if necessary)

J. _____
K. _____
L. _____
M. _____

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

IV. PERSONAL DATA (Continued)

N. Photographs:

At

_____ 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
1ST SOURCE BANK	100 N. MICHIGAN ST.	SB, IN 46614	1995-2024
_____	_____	_____	_____
_____	_____	_____	_____

(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.

02/27/2026 ONLINE RENEWAL

Signature

Date

Date of this notice: 10-17-2022

Employer Identification Number:
[REDACTED]

Form: SS-4

Number of this notice: CP 575 G

For assistance you may call us at:
1-800-829-4933

BARTON ENTERPRISES LLC
A HEALING OASIS
% DEBORAH A BARTON SOLE MBR
[REDACTED]

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you [REDACTED] This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did not apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

**State of Indiana
Office of the Secretary of State**

**Certificate of Organization
of
BARTON ENTERPRISES, LLC**

I, HOLLI SULLIVAN, Secretary of State, hereby certify that Articles of Organization of the above Domestic Limited Liability Company have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Code.

NOW, THEREFORE, with this document I certify that said transaction will become effective Monday, October 17, 2022.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, October 17, 2022.

A handwritten signature in cursive script that reads "Holli Sullivan".

HOLLI SULLIVAN
SECRETARY OF STATE

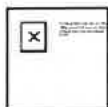
202210171631906 / 9597108

To ensure the certificate's validity, go to <https://bsd.sos.in.gov/PublicBusinessSearch>

Michelle Adams

From: PayPal <service@paypal.com>
Sent: Thursday, February 26, 2026 12:04 PM
To: Michelle Adams
Subject: Notification of payment received

Hello, City of South Bend



You received a payment of \$5.00 USD from Deborah Barton (dabarton1005@sbcglobal.net)

Thanks for using PayPal. To see all the transaction details, log in to your PayPal account.

It may take a few moments for this transaction to appear in your account.

Seller Protection - Eligible

Transaction ID

53T63858CA847612W

Transaction date

Feb 26, 2026

Buyer

Deborah Barton

dabarton1005@sbcglobal.net

Instructions to merchant

The buyer hasn't entered any instructions.

Invoice ID

1269

Shipping address - confirmed

Deborah Barton
2526 Locust Road
South Bend, IN 46614
United States

Shipping details

You haven't added any shipping details.

Description	Unit price	Qty	Amount
MSE2026-011	\$5.00 USD	1	\$5.00 USD

Subtotal \$5.00 USD

Total \$5.00 USD

Payment \$5.00 USD

Payment sent to madams@southbendin.gov



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PayPal RT000019:en_US(en-US):1.1.1:65930dbc3a8b4

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Shipping address - confirmed

Deborah Barton
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United States

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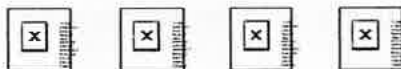
Total \$5.00 USD

Payment \$5.00 USD

Payment sent to madams@southbendin.gov



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