



CITY OF SOUTH BEND

BOARD OF PUBLIC WORKS

June 9, 2026

Ms. Heidi Kagarise
Dig Deep Massage Co.
3466 Douglas Rd., Suite 300A
South Bend, IN 46635
Digdeep574@gmail.com

RE: Approval – License Renewal of Massage Establishment

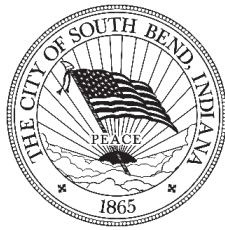
Dear Ms. Kagarise

At its June 9, 2026 meeting, the Board of Public Works **approved** your request for the renewal of the Massage Establishment at 3466 Douglas Rd., Suite 300A.

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: DIG DEEP MASSAGE CO.
ADDRESS: 3466 DOULGAS RD., SUITE 300A

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. 480241 9205
CK 1045

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

I. APPLICATION TYPE Check One: New Renewal X

II. BUSINESS DATA

A. Business Name: Dig Deep Massage Co.
B. Business Address: 3466 Douglas Rd. Ste 300A
City: South Bend State: IN Zip: 46635
C. Mailing Address (If different from above): _____
City: _____ State: _____ Zip: _____
D. Business Telephone Number: 574-800-1994
E. Business Fax Number: _____
F. E-Mail Address: Digdeep574@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: To perform therapeutic sports massage therapy and post operative lymphatic therapy.

For Office Use Only

Application Filed MAR 02 2026 Public Safety Approval _____
Application Fee Paid MAR 02 2026 License Fee Paid MAR 02 2026
Sent to Dept. MAR 02 2026 License Number MSE2026-012

Not Approved _____
Reason _____

CITY OF SOUTH BEND, INDIANA
BOARD OF PUBLIC WORKS

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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):

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

1. Sole Proprietor

Name: Heidi Kaarise
Residential Address: _____
City: _____

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: Heidi Louise Kankise

B. Residential Address: _____

City: _____

C. Residential Telephone Number: _____

D. Residential Fax Number: _____

E. Cellphone Number: _____

F. E-Mail Address: _____

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
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_____	_____	_____	_____
<u>322 E. Colfax Ave #206</u>	<u>South Bend</u>	<u>IN</u>	<u>Oct 2020 - July 2024</u>

(Attach additional sheets if necessary)

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

IV. PERSONAL DATA (Continued)



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

Company	Address	City, State, ZIP	Dates
Rig Deep Massage Co.	3466 Douglas Rd.	So. Bend, IN 46635	June 2024 - Present
" " "	Celway Ave. SB	So. Bend, IN 46617	2020 - June 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.

Signature

2-26-26

Date



**Indiana Professional Licensing Agency
State Board of Massage Therapy
402 W. Washington Street, W072
Indianapolis, IN 46204**

Massage Therapist

License Number	Expire Date
MT21906967	05/15/2029

Heidi Louise Kagarise

**Mike Braun
Governor
State of Indiana**

**Lindsay M. Hyer
Executive Director
Indiana Professional Licensing Agency**



**Indiana Professional Licensing Agency
402 W. Washington Street, W072
Indianapolis, IN 46204**

Massage Therapist

License Number	Expire Date
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