



AGENDA ITEM EXECUTIVE SUMMARY

Agenda Item Number: 7

Title:

Recommendation to Approve an Application for a Massage Establishment License for Vanilla Healthcare dba Massage Therapy at 615 S. Randall Rd., Suite 100, St. Charles, IL

Presenter:

Police Chief Keegan

Meeting: Liquor Control Commission

Date: January 17, 2023

Proposed Cost: \$

Budgeted Amount: \$

Not Budgeted:

Executive Summary *(if not budgeted please explain):*

Vanilla Healthcare dba Massage Therapy, located at 615 S. Randall Rd., Suite 100, submitted an application for a massage license.

The background investigation has been completed. Please see the attached packet for further information.

Attachments *(please list):*

- Massage Establishment Application
- Background Check
- Site Plan
- Business Plan

Recommendation/Suggested Action *(briefly explain):*

Recommendation to approve an application for a Massage Establishment License for Vanilla Healthcare dba Massage Therapy located at 615 S. Randall Rd., Suite 100, St. Charles, IL.



Memo

Date: 1/13/2023

To: Lora Vitek, Mayor-ATM Commissioner

From: James Keegan, Chief of Police

A handwritten signature in black ink, appearing to be "J. Keegan", written over the printed name of the Chief of Police.

Re: Background Investigation: Vanilla Health Care-615 S. Randall Road, Unit 100

The purpose of this memorandum is to document and forward to your attention the results of the background investigation conducted by members of the St. Charles Police Department concerning the above-mentioned establishment.

As is customary procedure, a detective was assigned to this investigation and reviewed not only the site location via an inspection, but also the corresponding application and applicants.

We found nothing of a derogatory nature that would preclude either the site location or the applicants from moving forward with a massage license, subject to Council/Commission approval. This is an appointment and walk-in facility.

Thank you in advance for your consideration in this matter. The police department has no objections to this licensure and the applicants were briefed on both our massage ordinance and the proactive measures we undertake in ensuring compliance with our regulations.



Memo

Date: 01/06/2022
To: Chief Keegan (via chain of command)
From: Detective C. Crumlett #355 *CC # 317*
Re: Massage License Background, Wenwu Lu and Yuetong Lu (Vanilla Health Care Corp.)

The purpose of this memo is to document the background investigation of Wenwu Lu and Yuetong Lu pursuant to his application for a massage establishment license for Vanilla Health Care Corp located at 615 S. Randall Rd. Unit 100

Applicants:

Lu, Wenwu

DOB: [REDACTED]

Chicago, IL 60616

Lu, Yuetong

DOB: [REDACTED]

Chicago, IL 60616

Vanilla Health Care Corp is located at 615 S Randall Rd., unit 100.

Wenwu Lu currently runs two massage therapy business under the name Vanilla Health Care Corp. The first is located at 6078 1/2 N. Crawford Ave., Lincolnwood, IL and the second is at 6052 Irving Park Rd, Chicago. Yuetong Lu is listed as the manager for Vanilla Health Care Corp. at 615 S. Randall Rd., unit 100. Yuetong Lu has no previous work history. Yuetong Lu is the son of Wenwu Lu.



Records Check:

Wenwu Lu

- Wenwu Lu resides in Chicago. A search of Chicago Police Department database (Clear) revealed no contacts.
- Wenwu Lu is an Illinois resident and a U.S. Citizen.
- A search of the Kane County Circuit Clerk website revealed no cases of any kind involving Wenwu Lu.
- Wenwu Lu submitted a set of fingerprints to the St. Charles Police Department. The response indicated there was nothing that would prohibit Wenwu Lu from getting a Massage License.
- A search of TLOxp, a law enforcement database was conducted and no criminal history was found for Wenwu Lu.
- A search of the St. Charles Police records was conducted and no contact were located for Wenwu LU
- Wenwu Lu currently holds two business licenses both under the name Vanilla Health Care Corp. One located at 6708 ½ N. Crawford Ave in Lincolnwood. This business license is in good standing with the village and was issued in June of 2021. The second is located at 6052 Irving Park Rd. in Chicago. This business license is in good standing and was issued in October of 2021.

Yuetong Lu

- Yuetong Lu submitted a set of fingerprints to the St. Charles Police Department. The response however, has not been received.
- Yuetong Lu resides in Chicago. A search of Chicago Police Department database (Clear) revealed no contacts
- Yuetong Lu is an Illinois resident and a U.S. Citizen.
- A search of the Kane County Circuit Clerk website revealed no cases of any kind involving Yuetong Lu.
- A search of TLOxp, a law enforcement database was conducted and no criminal history was found for Yuetong Lu.
- A search of the St. Charles Police records was conducted and no contact were located for Yuetong Lu.

Neither Wenwu Lu nor Yuetong Lu have a massage therapist license issue to them by the state of Illinois. The application included two employees of Vanilla Health Care Corp., Liping Ren and Lei Cai. A copy of Liping Ren and Lei Cai's state of Illinois issued massage therapist licenses were included with the application and both of their licenses are valid through 12/31/2024. I looked both Liping Ren and Lei Cai's licenses up in the Illinois Department of Financial and Professional Regulations website. Both licenses were stated to be active and valid thru 12/31/2024.

Liping Ren shows an address of [REDACTED] Chicago, IL 60616 on her massage therapist license. Lei Cai shows an address of [REDACTED] Flushing, NY 11355, but I was informed that Lei Cai is also currently living at [REDACTED] Chicago, IL 60616.

Wenwu Lu provided a copy of his liability insurance which covers the Vanilla Health Care Corp. for commercial general liability. A copy of the floor plan was included with the application that indicated there were four rooms, an office, one washroom and a utility area in the rear of the unit. It is estimated to be approximately 1150 square feet.

Site Visit:

A site was conducted on 01/06/2023. The layout was consistent with the floorplan that was submitted with the application and met city ordinance specifications.

Vanilla Health Care Corp. indicated their hours of operation would be 10am to 8pm seven days a week by both appointment and/or walk in service.

This concludes this background investigation.

CwC #355



DEPARTMENT: MAYOR'S OFFICE

PHONE: 630.377.4422

MASSAGE ESTABLISHMENT LICENSE APPLICATION

Annual License Application Fee: \$250.00 Fingerprint Fee: \$50.00 (if new owner)

Application must be completed in full and notarized before it will be accepted.

All fees must be paid at the time the application is submitted and a current certificate of insurance must be included with this application.

NOTE: Applicant must be fingerprinted by the St. Charles Police Department and must provide two passport-size photographs (2 x 2 inches, head and shoulders area, facing forward) with this application.

1. New License Application Renewal Application

2. Please select the option that best describes your business:

Corporation Partnership Individual

3. Business Name: Vanilla Health Care Corp. Sales Tax#: 87-0868537

Business Address: 6052 Irving Park Rd. Chicago, Ill. 60634 Business Phone: (312) 483-6832

4. Name of Applicant: WENWU LU Home Phone: [REDACTED]

Home Address: [REDACTED] City/Zip: Chicago, Ill. 60616

Email Address: [REDACTED] Social Security #: [REDACTED] Date of Birth: [REDACTED]

Driver's License #: [REDACTED] Issuing State: Illinois

****Must include a photocopy of government issued identification card.**

5. Have you ever been convicted of a criminal or ordinance violation? (other than minor traffic offences):

Yes No

6. If yes, explain in detail:

7. Days/Hours of Operation: 10 am - 8 pm/7 days

8. Will the business be supervised and conducted by a manager? Yes/No YES

If no, please explain:

9. Name of Manager: Yuetong Lu Home Phone: [REDACTED]

Home Address: [REDACTED] City/Zip: Chicago, Ill. 60616

Social Security #: [REDACTED] Date of birth [REDACTED]

10. List as indicated previous three years' employment history: NONE Yuetong Lu has been unemployed for the last three years

Employer: none Phone: _____

Address: _____ Occupation: _____

Dates of employment: From: _____ To: _____

Employer: none Phone: _____

Address: _____ Occupation: _____

Dates of employment: From: _____ To: _____

Employer: none Phone: _____

Address: _____ Occupation: _____

Dates of employment: From: _____ To: _____

11. Has the manager ever been convicted of a criminal or ordinance violation (other than minor traffic offenses): Yes/No NO

If yes, explain in detail:

12. Will you operate by appointment only? Yes/No NO

13. If you answered Yes to #12, will walk-ins be accepted? Yes/No _____

14. License and/or permit history. List all prior Massage Licenses/Permits and current status (use additional sheet if needed):

Issuing authority: Village of Lincolnwood Status: Current Business licenses
Issuing authority: City of Chicago 10/18/2021 Status: Current License certificate

15. Have you or any of your licensed massage therapists been sanctioned by the Illinois Department of Professional Regulation concerning your licensure? As a reminder and per Illinois law, all Massage Therapists practicing inside the State of Illinois must be licensed by State of Illinois. Out of state licensees are NOT valid in Illinois. Yes/No NO

16. If any prior licenses/permits have been revoked/suspended, state the reason and disposition:

Reason: _____ Disposition: _____
Reason: _____ Disposition: _____

17. Describe the building and specific location within the building where the Massage business will be conducted: The strip mall is approx. 21,575 sq. ft. UNIT 100 is the location of the spa.

****ATTACH A FLOOR LAYOUT/DIAGRAM OF THE BUSINESS****

SEE ATTACHED FLOOR PLAN

Approx sq ft of principal business: 1150 Massage stations: 2 Premises: unit 100

18. Describe other activities or business conducted at this location: NONE

19. List as indicated all massage therapists and employees. This list must be updated with the office of the Liquor Commissioner within 10 days of any employment change.

Name: Liping Ren Home phone: [REDACTED]

Address: [REDACTED] City/Zip: Chicago, IL 60616

Position employed: Massagist

State of Illinois Massage License Number: 227014967

Name: Lei Cai Home phone: [REDACTED]

Address: [REDACTED] City/Zip: Flushing NY 11355

Position employed: Massagist

State of Illinois Massage License Number: 227017938

Name: _____ Home phone: _____

Address: _____ City/Zip: _____

Position employed: _____

State of Illinois Massage License Number: _____

Name: _____ Home phone: _____

Address: _____ City/Zip: _____

Position employed: _____

State of Illinois Massage License Number: _____

This Section for Corporate or Partnership Applications Only

1. List each officer, director or shareholder owning 20% or more stock or controlling interest of the corporation/partnership:

Name	Address	Home Phone #	Date of Birth
NONE			

2. Has any officer, manager, director or shareholder owning 20% or more of the stock of the corporation ever been convicted of a criminal or ordinance violation (other than minor traffic offenses)?

Yes No

3. If yes, explain in detail:

Affidavit

State of Illinois)
) SS
County of Kane)

I/We, the undersigned, being first duly sworn, say that I/we have read the foregoing application and that the statements therein are true, complete, and correct and are upon my/our personal knowledge and information and that I/we will not violate any of the ordinances of the City of St. Charles or the laws of the State of Illinois or the laws of the United States of America in the conduct of the place of business described herein.

Signature of Applicant *[Handwritten Signature]*

Signature of Applicant _____

I, Anne E. Healy, a Notary Public in and for said county in the state aforesaid, do hereby certify that the applicant(s), appeared before me this day in person and acknowledged that he/she/they signed the foregoing application as his/her/their free and voluntary act for the use and purposes therein set forth.

Given under my hand and notarial seal this 5th day of January, 2023.



Anne E. Healy
Notary Public



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/05/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Max Group & Associates 1731 South Canal Street, Unit 501 to 511 Chicago IL 60616	CONTACT NAME: Cella Lai	INSURER(S) AFFORDING COVERAGE	
	PHONE (A/C No. Ext): (773)376-1000	FAX (A/C No.): (773)376-8389	NAIC #
INSURED Vanilla Health Care Corp DBA Massage Therapy 615 S Randall Rd Ste 100 Saint Charles IL 60174-1564	EMAIL ADDRESS: cellalal@maxgroupins.com	INSURER A: Fidelity & Guaranty Ins Co	35386
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

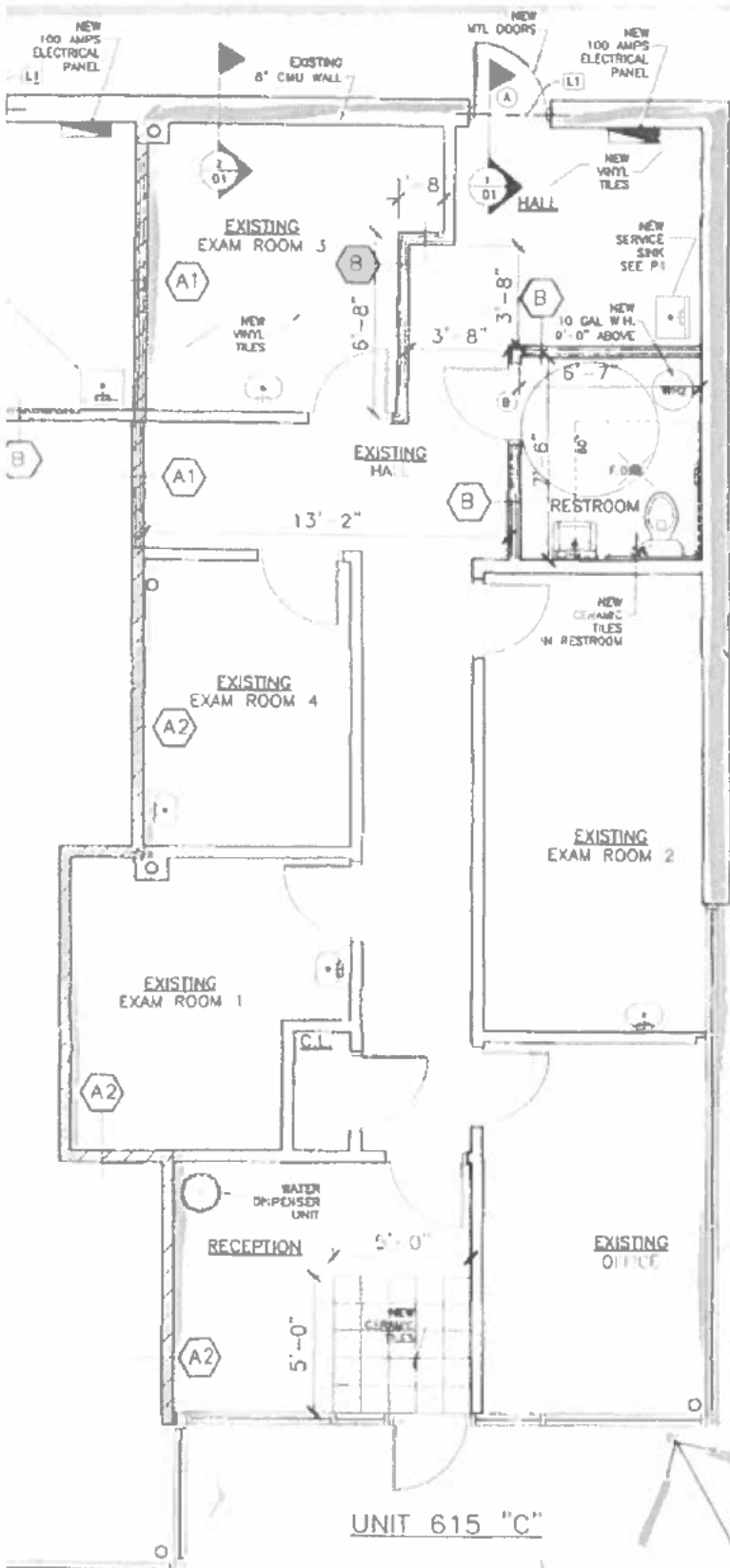
COVERAGES CERTIFICATE NUMBER: CL2212520090 REVISION NUMBER:

WE CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME(S) ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PRO JECT <input type="checkbox"/> LOG <input type="checkbox"/> OTHER AUTOMOBILE LIABILITY <input type="checkbox"/> PASSENGER <input type="checkbox"/> TRUCKS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> RETENTION \$ <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> Y/N N/A <input type="checkbox"/> OFFICER/PARTNER/EXECUTIVE <input type="checkbox"/> OFFICER/EMPLOYEE EXCLUDED? <input type="checkbox"/> (Mandatory in NH) <input type="checkbox"/> Describe under <input type="checkbox"/> DESCRIPTION OF OPERATIONS below			BIP2W509904	12/05/2022	12/05/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ COMBINED SINGLE LIMIT (Ea occurrence) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ PER STATUTE \$ OTHER \$ E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER City of St Charles 2 E Main Street St Charles IL 60174	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Grace J Yang</i>



LEGEND

- NEW WALL
- EXISTING WALL
- FIRE WALL
- DOOR TYPE - SEE SCHEDULE
- WALL PARTITION

- PATCH & PAINT INTERIOR AS NEEDED
- REPLACE EXISTING CARPET V.C.T. AS NEEDED
- REPLACE EXISTING SUSPEN CEILING TILES AS NEEDED
- REPLACE EXISTING SUSPEN CEILING TRACKS AS NEEDED

DOOR

DOOR TYPE	WIDTH (R.O)	HEIGHT (R.O)
A	3'-0"	6'-6"
B	3'-0"	6'-6"
C	3'-0"	6'-6"

WINDOW

#	WINDOW TYPE	ROUGH WIDTH
1	FIXED (PANE)	1'-1"

NOTE: A1 GLASS IN HAZ

LINTEL SCHEDULE:
EXCEPT AS OTHERWISE NOTED, PROVIDE A STEEL THICKNESS OF MASONRY FOLLOWING SCHEDULE:
ANGLE SIZE
[L1] - 11.3 1/2" x 3 1/2" x 3
ALL STEEL LINTELS SHALL OPENING AT EACH END. A MASONRY (FULL CORES OR CROUT). ANGLES MUST BE VERTICAL UNLESS NOTED

UNIT 615 "C"

Proposed M.A.S.
S.P.A. APPROX.

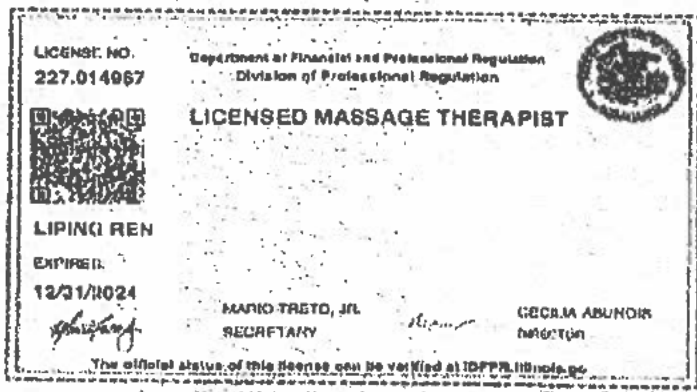
Tom P. 2-2-2011

1/20/11



Cut on Dotted Line

For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 3713484



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Illinois Department of Financial and
Professional Regulation

Lookup Detail View

Contact

Contact Information

Name	City/State/Zip	DBA / AKA
LIPING REN	Chicago, IL 60616	

License

License Information

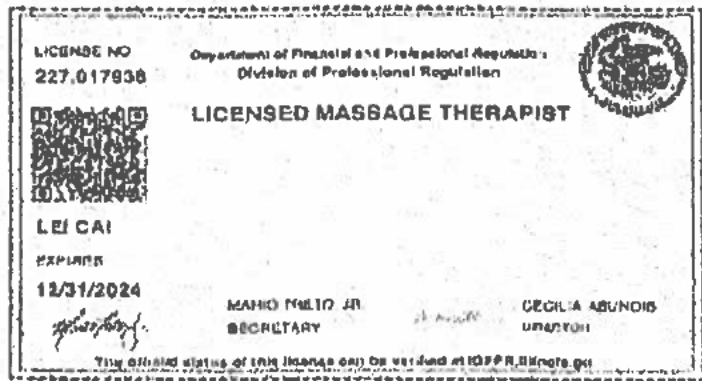
License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
227014967	Licensed Massage Therapist	ACTIVE	10/26/2012	10/29/2022	12/31/2024	N

Generated on: 1/9/2023 8:51:09 AM



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For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 3877136



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Illinois Department of Financial and
Professional Regulation

Lookup Detail View

Contact

Contact Information

Name	City/State/Zip	DBA / AKA
LEI CAI	Flushing, NY 11355	

License

License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
227017938	Licensed Massage Therapist	ACTIVE	04/20/2015	10/29/2022	12/31/2024	N

Generated on: 1/9/2023 8:50:03 AM

ILLINOIS

Illinois Secretary of State

USA

DRIVER'S LICENSE



Chicago, IL 60610

SEX: D HAIR: NONE
EYES: NONE

DOB: 10/11/1951 HT: 5'08"
WT: 165 LBS HAIR: BRN TYPE: DOR



[Handwritten signature]

ILLINOIS

Blank White, Secretary of State

USA

DRIVER'S LICENSE

RESTRICTIONS APPLY



1/06/2021



SEX: NONE

HAIR: NONE



UNITED STATES OF AMERICA

PERMANENT RESIDENT

LU TOE RAG 18

Surname

LU

Given Name

YUETONG



Date of Birth

18 JAN 1999

Sex

M

Card Expires

03/20/25

Resident Since

03/20/14

< Return

Adult Arrests

No Records Found.

Time for the Query to Run 0.10 Seconds

Adult Warrants

No Records Found.

Investigative Alerts

No Records Found.

Time for the Query to Run 0.51 Seconds

Juvenile Arrests

No Records Found.

Time for the Query to Run 0.08 Seconds

Juvenile Warrants

No Records Found.

Time for the Query to Run 0.06 Seconds

Sex Offenders

No Records Found.

Time for the Query to Run 0.06 Seconds

Search Warrants

No Records Found.

Time for the Query to Run 0.08 Seconds

Traffic Stops

Stop No.	Stop Type	Stop Date	Submitting Beat	Name	Birth Date	Age / Sex / Race	Residence Address	District of Residence
TK128196	Traffic Violation	27-DEC-2018 20:15	4111C	REN, Liping		/ F /	IL 60616	009

row(s) 1 - 1 of 1

Time for the Query to Run 0.07 Seconds

Cases - Suspects

RD No.	Occurrence Date	IUCR Name	Birth Date	Age / Sex / Race	Residence Address	District of Residence	Alias
HK202427	24-FEB-2004	1505 REN, Liping	28-MAY-1963	59 / F / A	60647	014	

row(s) 1 - 1 of 1

Time for the Query to Run 0.53 Seconds

IDOC

No Records Found.

Time for the Query to Run 0.04 Seconds

Tactical Response Report (TRR)

No Records Found.

