

BL 4



Fire Dept.	<input type="checkbox"/>	Electrical Dept.	<input type="checkbox"/>
Building Dept.	<input type="checkbox"/>	Plumbing Dept.	<input type="checkbox"/>
Health Dept.	<input type="checkbox"/>	Village Clerk	<input type="checkbox"/>

**VILLAGE OF BROADVIEW**  
**APPLICATION FOR BUSINESS LICENSE**  
(Village Code Title 3 – Chapter 1 – Section 2)

New business     Change of Ownership     Change of Name  
Date: 10-22-2018

(P.O. BOX ADDRESSES NOT VALID)

Section 1

Business Name TK Holland Enterprise  
D/B/A TK Holland Day Spa  
Address 1821 W Roosevelt Rd  
City Broadview State IL Zip 60135  
Telephone 708-932-4798 Fax # \_\_\_\_\_  
Email tkholland1@gmail.com

FEIN NUMBER 81-5156159 STATE SALES TAX # \_\_\_\_\_

Sole Proprietorship     Partnership     Not For Profit     Corporation  
State of Incorporation Illinois Date Jan 2017  
Name of Corporation TK Holland Enterprise  
Address 2033 Golfview Ct. 1A  
City Wheaton State Illinois Zip 60189  
Telephone 708-932-4798 Fax # \_\_\_\_\_  
Federal License # \_\_\_\_\_ (Copy of License will be required with application)  
State License # \_\_\_\_\_ (Copy of License will be required with application)

Section 2 – Owners/Partners/Officers

This section must be completed

Name	Title	SSN #	Address	City	State
<u>Tashiba Holland</u>	<u>owner</u>	<u>392-72-5962</u>	<u>2033 Golfview Ct 1A</u>	<u>Wheaton</u>	<u>IL</u>

I, the Applicant, do hereby personally in my capacity as owner of TK Holland Day Spa Corporation do hereby certify and represent that I/the Corporation have not heretofore had a business license revoked by any municipality or government agency, and further state that I/the Corporation will otherwise comply with all Village Codes and other applicable Statutes and laws in the operation and conduct of the business.

Section 3

Nature of Business Service  
Brief Description Up Scale image consulting and pampering Day Spa  
Offering various treatments which improve health & beauty and relaxation.

Business Type			
Manufacturing	<input type="checkbox"/>	Retail Sales	<input type="checkbox"/>
Professional	<input type="checkbox"/>	Vending	<input type="checkbox"/>
Towing	<input type="checkbox"/>	Service	<input checked="" type="checkbox"/>
Livery	<input type="checkbox"/>	Transportation	<input type="checkbox"/>
Fuel Service Station	<input type="checkbox"/>	Warehousing	<input type="checkbox"/>
		Day Care	<input type="checkbox"/>
		Food/Beverage	<input type="checkbox"/>

Applicant Name Tasheba Holland  
 Address 2033 Goldview Ct. IA State IL Zip Code 60189  
 City Wheaton Social Security # 342-92-5462  
 DOB 4-29-1982 Fax \_\_\_\_\_ Email \_\_\_\_\_  
 Telephone 108-932-4798  
 Property Owner Name S & I Global Enterprises

**Section 4 - Business Profile**

President Tasheba Holland  
 Vice President \_\_\_\_\_  
 Treasurer \_\_\_\_\_  
 Business Contacts  
 Name LISA Sullivan Phone 630-346-8430  
 Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Hours of Operation 9am to 8pm  
 Number of Employees 1  
 Seating Capacity \_\_\_\_\_ (If applicable)  
 Company Vehicles  No  Yes  
 Vending Equipment: Pop/Water  Coffee  Food/Snacks  Cigarettes  Candy  Amusement   
 STICKER NO. Food Truck  Ice Cream Truck  Washing Machines  Dryers  Detergent/Bleach  Gumball/Novelty   
 Hazardous Materials on Premise  Yes  No  
 If yes to above, list Generic Name & Quantity

Name	Quantity

**Section 5**

Property  Owned  Leased Lease Term TBD  
 Building Size \_\_\_\_\_ Square Feet 1000 Parking Stalls 0  
 If leased, provide the following:  
 Property Owner's Name S & I Global Enterprises  
 Address 2313 S. 18th Ave State IL Zip 60155  
 City Broadview

**BUSINESS LICENSES SHALL BE DISPLAYED IN A VISIBLE LOCATION**

Violation of any law of the State of Illinois, the United States of American, or any ordinance of the Village of Broadview in force and effect during all or part of the period covered by any license issued pursuant to this application in the conduct of said business, will result in a revocation of the license issued hereunder

Signature Tasheba Holland Date 10-22-18



RAYMOND K. PELLETIER  
Chief of Police

BROADVIEW POLICE DEPARTMENT  
2350 SOUTH 25th AVENUE • BROADVIEW, IL 60155-3800

708/345-6550  
Fax: 708/681-0248

Emergency Information

Business Name: TK Holland Day Spa Address: 1821 W. Roosevelt Rd

Business Phone: 708-932-4798 Fax: \_\_\_\_\_ Business Email: tkholland@dayspa.com

Alarm Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Hours: Mon closed Tues: 9-8 pm Wed: 9-8 pm Thurs: 9-8 pm  
Fri: 9-8 pm Sat: 2-3 pm Sun: closed

Key holders to be contacted, please list as many as possible.  
(Please list in the order you wish calls to be made for after hours emergencies. Be sure to include area codes.)

#1 Name Tasheba Holland Home Phone: \_\_\_\_\_

Address 2033 Golfview Ct. 1A Cell phone/Pager 708 932 4798

City/State L Wheaton Il.

#2 Name Rufus Holland Home Phone: \_\_\_\_\_

Address 2031 S. 9th Ave Cell phone/Pager 708 288 6075

City/State Maywood Il

#3 Name \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address \_\_\_\_\_ Cell phone/Pager \_\_\_\_\_

City/State \_\_\_\_\_

#4 Name \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address \_\_\_\_\_ Cell phone/Pager \_\_\_\_\_

City/State \_\_\_\_\_

OFFICE USE ONLY

SIGN INSPECTION FEE: \_\_\_\_\_  
BUSINESS LICENSE FEE: \_\_\_\_\_  
COOK COUNTY HEALTH INSPECTION FEE: \_\_\_\_\_  
ELEVATOR INSPECTION FEE: \_\_\_\_\_  
ANNUAL BUILDING INSPECTION FEE: \_\_\_\_\_

LICENSE NO. \_\_\_\_\_



FORM **BCA 2.10**  
**ARTICLES OF INCORPORATION**  
 Business Corporation Act

Filing Fee: \$150  
 Franchise Tax: \$ 25  
**Total: \$175**

File #: **71112357**

Approved By: **JXR**

**FILED**  
**JAN 30 2017**  
**Jesse White**  
**Secretary of State**

1. Corporate Name: **TK HOLLAND SALON AND DAY SPA INC.**

2. Initial Registered Agent: **LISA BAKER SULLVIAN**

First Name	Middle Initial	Last Name
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Initial Registered Office: **3621 HARVEY AVE**

Number	Street	Suite No.	
<b>BERWYN</b>	<b>IL</b>	<b>60402-3832</b>	<b>COOK</b>
City	ZIP Code	County	

3. Purposes for which the Corporation is Organized:  
 The transaction of any or all lawful businesses for which corporations may be incorporated under the Illinois Business Corporation Act.

4. Authorized Shares, Issued Shares and Consideration Received:

Class	Number of Shares Authorized	Number of Shares Proposed to be Issued	Consideration to be Received Therefor
<b>COMMON</b>	<b>1000</b>	<b>1000</b>	<b>\$ 1000</b>

**NAME & ADDRESS OF INCORPORATOR**

5. The undersigned incorporator hereby declares, under penalties of perjury, that the statements made in the foregoing Articles of Incorporation are true.

Dated <b>JANUARY 30</b>	<b>2017</b>	<b>1237 BRIARBROOK DRIVE</b>
Month & Day	Year	Street
<b>TASHEBA HOLLAND</b>	<b>WHEATON</b>	<b>IL 60189</b>
Name	City/Town	State ZIP Code



DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023

Date of this notice: 01-30-2017

Employer Identification Number:  
81-5156159

Form: SS-4

Number of this notice: CP-575 A

TK HOLLAND ENTERPRISE  
TK HOLLAND SALON AND DAY SPA  
% TASHEBA HOLLAND  
1237 BRIARBROOK DR APT 2C  
WHEATON, IL 60189

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

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 EIN 81-5156159. 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.

When filing tax documents, payments, and 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.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1120

04/15/2018

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

#### IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, *Election by a Small Business Corporation*.

**FORM BCA 2.10**  
**ARTICLES OF INCORPORATION**  
 Business Corporation Act

Filing Fee: \$150  
 Franchise Tax: \$ 25  
**Total: \$175**

File #: 71112357

Approved By: JXR

**FILED**  
**JAN 30 2017**  
**Jesse White**  
**Secretary of State**

1. Corporate Name: TK HOLLAND SALON AND DAY SPA INC.

2. Initial Registered Agent: LISA BAKER SULLIVAN  
First Name Middle Initial Last Name

Initial Registered Office: 3621 HARVEY AVE  
Number Street Suite No.  
BERWYN IL 60402-3832 COOK  
City ZIP Code County

3. Purposes for which the Corporation is Organized:  
 The transaction of any or all lawful businesses for which corporations may be incorporated under the Illinois Business Corporation Act.

4. Authorized Shares, Issued Shares and Consideration Received:

Class	Number of Shares Authorized	Number of Shares Proposed to be Issued	Consideration to be Received Therefor
COMMON	1000	1000	\$ 1000

**NAME & ADDRESS OF INCORPORATOR**

5. The undersigned incorporator hereby declares, under penalties of perjury, that the statements made in the foregoing Articles of Incorporation are true.

Dated JANUARY 30, 2017 1237 BRIARBROOK DRIVE  
Month & Day Year Street  
TASHEBA HOLLAND WHEATON IL 60189  
Name City/Town State ZIP Code

# State of Illinois

Department of Financial and Professional Regulation  
Division of Professional Regulation

This person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

LICENSE NO.  
011.260603

EXPIRES:  
09/30/2019



LICENSED COSMETOLOGIST

TASHEBA HOLLAND  
2033 GOLFVIEW CT  
1A  
WHEATON, IL 60189



*Bryan A. Schneider*

BRYAN A. SCHNEIDER  
SECRETARY

*Jessica Baer*

JESSICA BAER  
DIRECTOR

The official status of this license can be verified at [www.idfpr.com](http://www.idfpr.com)

11906907

Print and Upload Here



ILLINOIS



*[Signature]*

James White • Secretary of State  
USA

DRIVERS LICENSE

ID: 538110-2877  
DOB: 09/29/1982  
EXP: 09/25/2029

AN EXP: 09/15/2016

HOLLAND  
TASHEDA K  
1237 BRIARBROOK DRIVE AP  
126  
WHEATON, IL 60189

SEX: F HT: 5'04"  
HAIR: BKN EYES: BKN  
CLASS: D  
RESTRICTIONS: NONE

ISSUE DATE: 09/15/2016  
ISSUE PLACE: SPRINGFIELD  
ISSUE TYPE: REGULAR

EXP: 09/15/2016

SN 12277  
CUDI  
12/2015  
12/18/12



Blood Type  
RHI Factor

Medical Information/Living Will  
Dial Area

[www.CYBEROPTIXILLINOIS.com](http://www.CYBEROPTIXILLINOIS.com)

new Single Vial GAVR 16000 or Lens Except Cycles  
disorders: NONE  
options: B -Corrective Lenses