

## **STAFF REPORT**

**DATE:** August 5, 2024  
**TO:** Zoning Board of Appeals  
**FROM:** Planning Staff  
**RE:** Petition Number: 2024-39  
Applicant: Keisha Johnson  
Status of Applicant: Business Owner  
Property Owner: Kevin Reger  
Location: 218 S. Larkin Avenue  
Request: A Special Use Permit to allow a massage therapy business

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### **Purpose**

The applicant is requesting a Special Use Permit to allow a massage therapy business in an existing commercial building at 218 S. Larkin Avenue. Per the City of Joliet Zoning Ordinance, massage businesses may be allowed as special uses in the B-3 zoning district by the Mayor and City Council, with the advice of the Zoning Board of Appeals in accordance with Section 47-5.2.

### **Site Specific Information**

The subject site is approximately 0.8 acres and contains a 3,000-square-foot commercial building, built around 1974, and an accessory parking lot. The building is occupied by "A Salon Suite," which has 16 private salon suites for rent to businesses such as hair salons and nail salons. The parking lot has around 27 spaces to serve the entire building. The property is zoned B-3 (general business).

### **Surrounding Zoning, Land Use and Character**

The property is located on a commercial section of Larkin Avenue and to the west of the Idylside residential subdivision. The surrounding zoning and land use for the adjacent properties are as follows:

- North: B-3, commercial (unoccupied - former gas station)
- South: B-3, commercial
- East: R-2, residential
- West: B-3, commercial

## **Applicable Regulations**

- Section 47-13.2A (H) Special Uses – B-3 District
- Section 47-5.2 (C) Criteria for issuance of a Special Use Permit (refer to attachment)

## **Discussion**

The petitioner and business owner, Keisha Johnson, is requesting approval of a Special Use Permit to allow a massage therapy business (Kobi's Massage Therapist LLC) in a tenant space in the salon suites at 218 S. Larkin Avenue. The petitioner has had an active massage therapy license for 15 years. They have been at this location for around 5 years. They were recently contacted by Business Services and informed that they needed a business license and a special use permit for a massage therapy business. The petitioner has already completed the background check as part of their City business license application.

The business operates within a set of salon suites that contain a variety of "beauty-related" businesses, such as hair salons and eyelash studios. Each suite has its own separate entrance from the interior building corridor. The tenant space in question is an approximately 9-foot by 15-foot salon suite. The petitioner is the only employee of their business. Hours of operation are Sunday through Thursday 10 AM to 10 PM. There is sufficient parking for the building tenants within the accessory parking lot. A floor plan and business license application are attached.

The proposed business is located along a commercial corridor and surrounded by retail and service uses. The massage therapy business will not be harmful to or impede the use and development of other businesses and operations within the area.

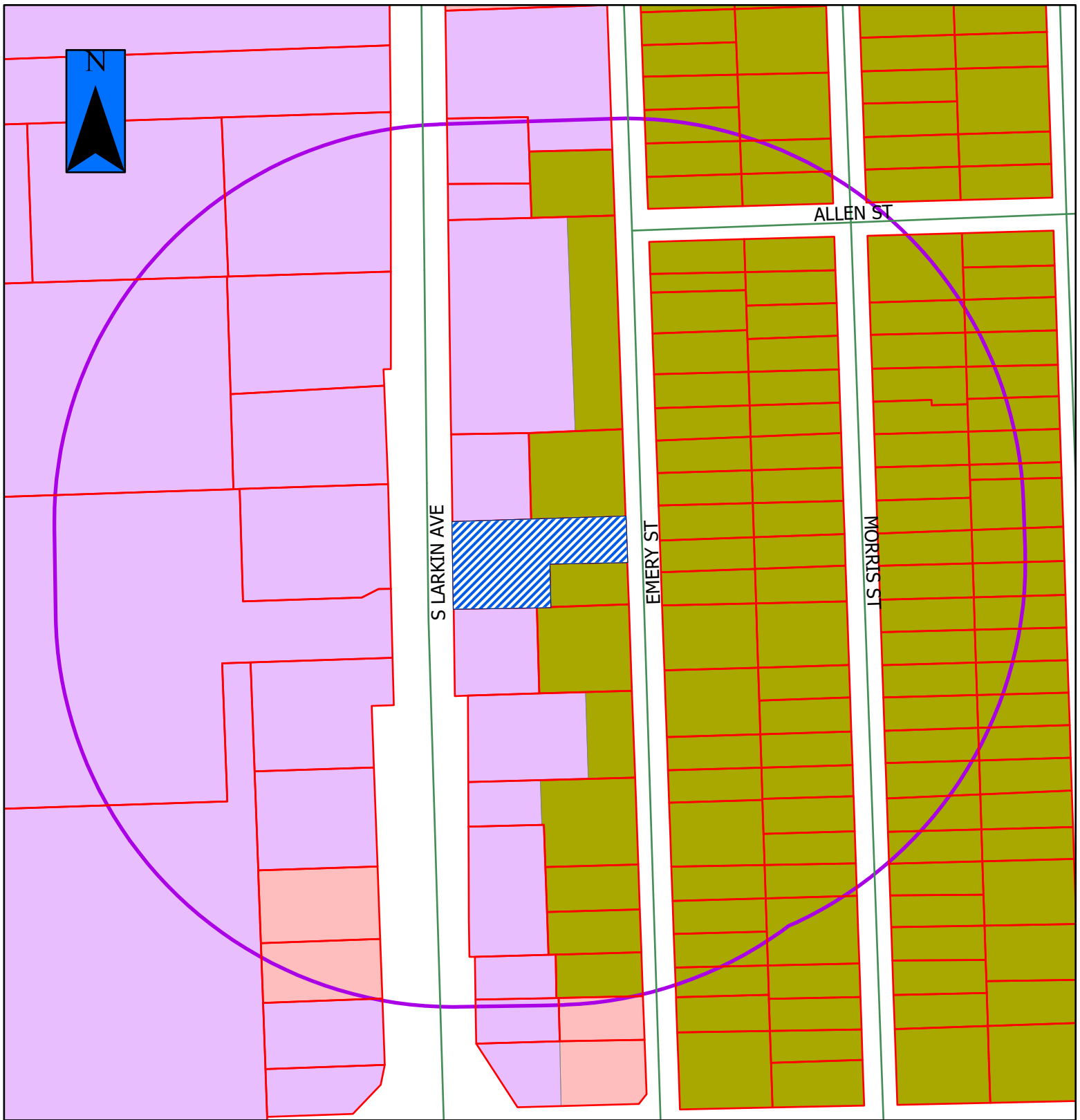
## **Conditions**

If the Zoning Board desires to approve the Special Use Permit to allow a massage therapy business, located at 218 S. Larkin Avenue, the following conditions would be included:

1. That a City business license shall be obtained;
2. That the Special Use granted shall herein terminate and lapse unless a building permit or certificate of occupancy is obtained not later than 180 days of the effective date of this ordinance and the erection or alteration of a building is started or the use is commenced within such period. The Board may grant an extension of this period, valid for no more than one hundred and eighty (180) additional days, upon written application and good cause shown without notice or hearing. Whether or not there is an intention to abandon the Special Use, if any special use is discontinued for a continuous period of one year, or if an intent to abandon the



Special Use is evident in a shorter period of time, the Special Use for such use shall become void, and such use shall not thereafter be reestablished unless a new Special Use Permit is obtained; and

3. Should the property be declared a public nuisance, it shall be subject to a rehearing and a possible revocation of the Special Use Permit.



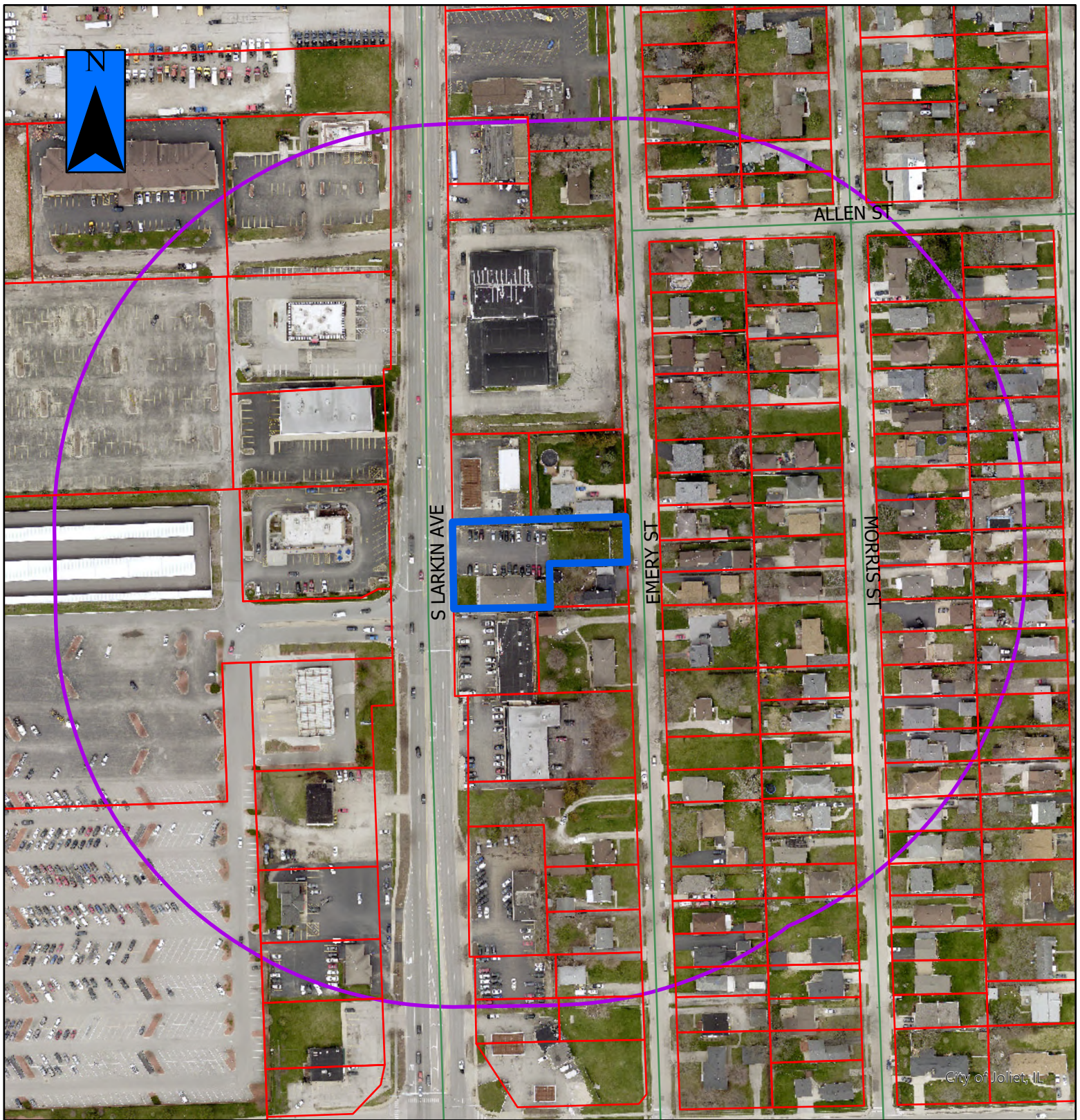
**2024-39**



 = Property in Question  
 = 600' Public Notification Boundary

Legend					
	B-1		I-TA		R-2
	B-2		I-TB		R-2A
	B-3		I-TC		R-3
	I-1		R-1		R-4
	I-2		R-1A		R-5
	I-T		R-1B		R-B





**2024-39a**





-  = Property in Question / Propiedad en cuestión
-  = 600' Public Notification Boundary / Límite de notificación pública de 600 ft (180 m)



Figure 1: Aerial view of 218 S. Larkin Avenue (2024)

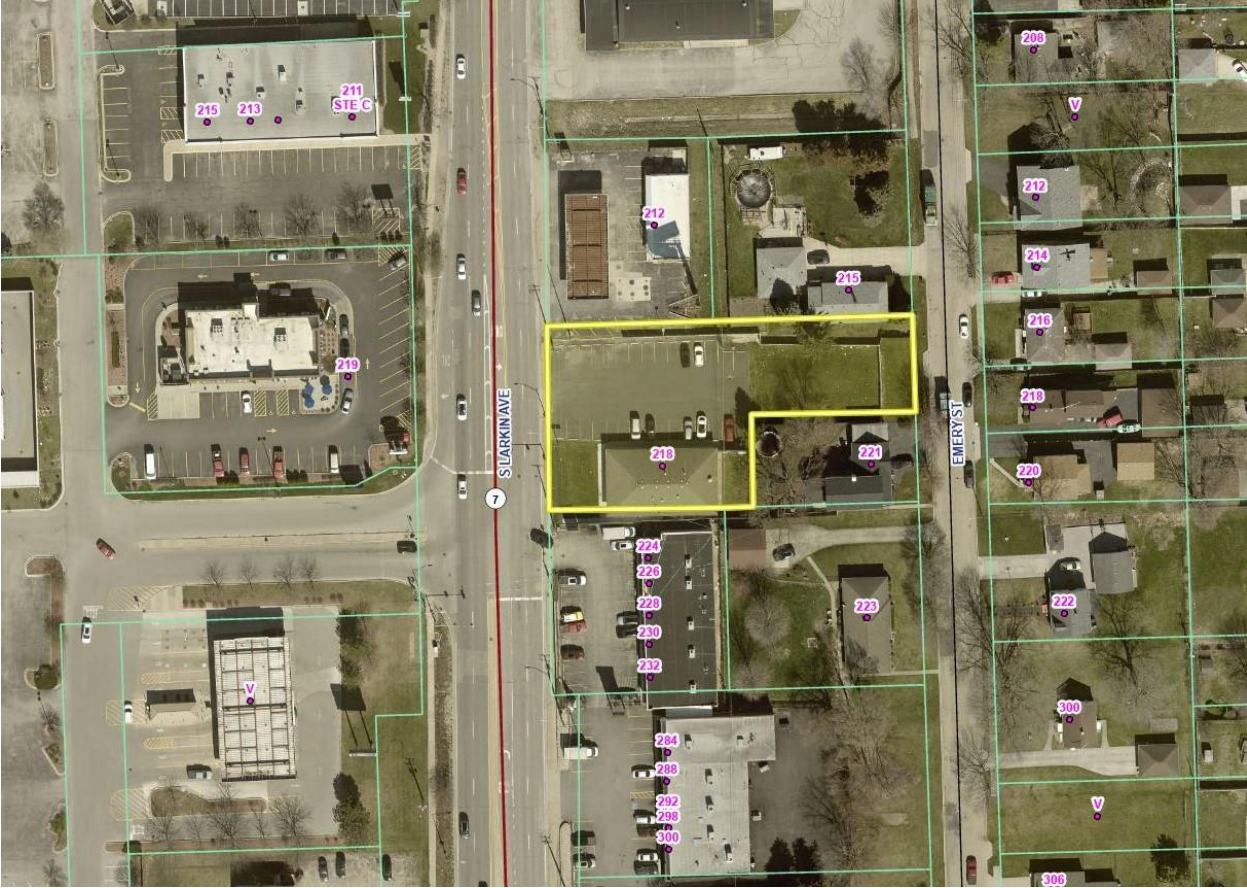


Figure 2: 218 S. Larkin Avenue, view east from Larkin Avenue (May 2023)

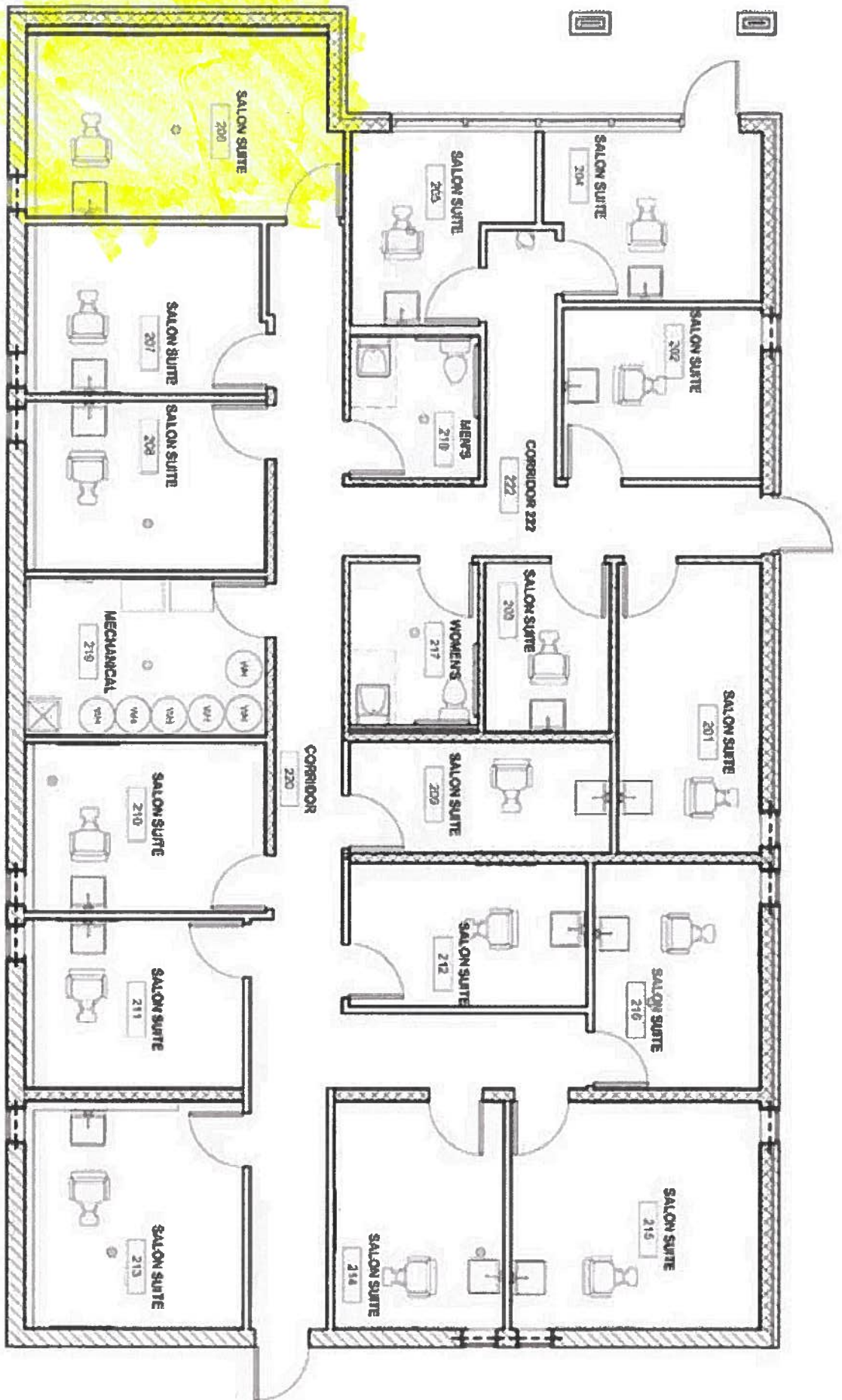


Figure 3: 218 S. Larkin Avenue, view southeast from Larkin Avenue (July 2024)





# FLOOR Plan





FOR OFFICE USE ONLY

\*\*\*Verified by Planner (please initial):\*\*\*

Payment received from:

Petition #: 2024-39

Common Address: 218 S Larkin Ave

Date filed: 7/12/24

Meeting date requested: ZBA: 8/15/24

CC: 9/17/24

ZONING BOARD OF APPEALS

JOLIET, ILLINOIS

PETITION FOR SPECIAL USE PERMIT

City of Joliet Planning Division, 150 W. Jefferson St., First Floor, South Wing, Joliet, IL 60432  
Phone (815)724-4050 Fax (815)724-4056

ADDRESS FOR WHICH SPECIAL USE IS REQUESTED: 218 S. LARKIN AVE

PETITIONER'S NAME: Keshia SIMMONS

HOME ADDRESS: 797 Oxbow AVE ZIP CODE: 60543

BUSINESS ADDRESS: 218 S. LARKIN AVE ZIP CODE:

PHONE: (Primary) 312 219 4103 (Secondary) 773 908 5803

EMAIL ADDRESS: Keshia@kobusmt.com FAX:

PROPERTY INTEREST OF PETITIONER: Business owner

OWNER OF PROPERTY: Kevin Reger

HOME ADDRESS: 16060 Oak Park Ave Tinley Park 60477 ZIP CODE:

BUSINESS ADDRESS: 218 S. Larkin Ave ZIP CODE: 60436

EMAIL ADDRESS: Chris@regdevdevelopment.com FAX:

**Any use requiring a business license shall concurrently apply for a business license and submit a copy with this petition. Additionally, if this request is for operation of a business, please provide the following information:**

BUSINESS REFERENCES (name, address, phone):

ROBYN DUDDELETON Oswego 630 373-6192  
TANYA LYNSFORD AURORA 630 215 5693  
CATHERINE CARRY Shorewood 630 201 8650

OTHER PROJECTS AND/OR DEVELOPMENTS:

MASSAGE THERAPY

PERMANENT INDEX NUMBER (TAX NO. OR P. I. N.): 30-07-18-201-049-0000

*\*\*Property Index Number/P.I.N. can be found on tax bill or Will County Supervisor of Assessments website\*\**

LEGAL DESCRIPTION OF PROPERTY (attached copy preferred):

LOT SIZE: WIDTH: \_\_\_\_\_ DEPTH: \_\_\_\_\_ AREA : \_\_\_\_\_

PRESENT USE(S) OF PROPERTY: Salon suites

PRESENT ZONING OF PROPERTY: B-3 General Business

SPECIAL USE REQUESTED: Massage Therapy Business

The Zoning Board of Appeals is authorized to grant a special use permit provided the applicant establishes by clear and convincing evidence:

- (1) That the establishment, maintenance, or operation of the special use will not be detrimental to or endanger the public health, safety, morals, comfort, or general welfare; and
- (2) That the special use will not be injurious to the use and enjoyment of other property in the immediate vicinity for the purposes already permitted, nor substantially diminish and impair property values within the neighborhood; and
- (3) That the establishment of the special use will not impede the normal and orderly development and improvement of surrounding property for uses permitted in the district; and
- (4) That adequate utilities, access roads, drainage, and/or other necessary facilities have been or will be provided; and
- (5) That adequate measures have been or will be taken to provide ingress and egress so designed as to minimize traffic congestion in the public streets; and
- (6) That the special use shall in all other respects conform to the applicable land use regulations of the district in which it is located and shall not be in violation of any other applicable law, ordinance or regulation; and
- (7) At least one (1) year has elapsed since any denial of any prior application for a special use permit that would have authorized substantially the same as all or part of the sites, unless conditions in the area have substantially changed.

Please describe how this request meets the criteria by responding to the following questions in your own words.

1. How will the establishment, maintenance, or operation of the special use affect the public health, safety, morals, comfort, or general welfare?

Increase body aware, decrease blood pressure  
Decrease stress levels. Increase mental  
and physical flexibility

2. How will the special use impact properties in the immediate area? Increase client  
traffic for shoppers in neighboring areas

3. Will the use impede the normal/orderly development/improvement of surrounding property?

NO, it will increase happiness of people

4. Are adequate utilities, access roads, drainage, and/or other necessary facilities provided?

yes ~~no~~

5. Have adequate measures been taken to provide ingress/egress design to minimize traffic congestion in public streets?

yes

6. Does the use conform to the applicable land use regulations of the district in which it is located and does it violate any other applicable law, ordinance or regulation?

yes and NO

7. Has at least one (1) year elapsed since any denial of any prior application for a special use permit that would have authorized substantially the same as all or part of the sites (unless conditions in the area have changed substantially)?

N/A First time



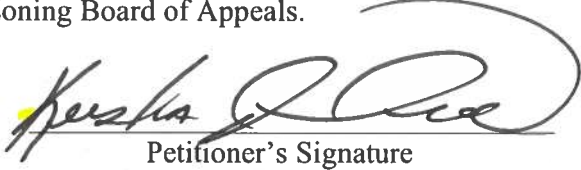
**REQUIRED SUPPORTING ATTACHMENTS**


- Site plan / concept plan / floor plan / building elevation plan
- Joliet Ownership Disclosure form
- Business license application (if applicable)

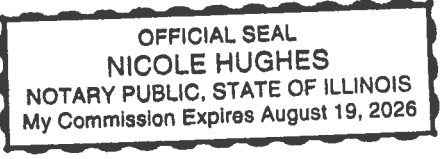
**NOTARIZATION OF PETITION**


STATE OF ILLINOIS) ss  
COUNTY OF WILL)

I, Kesha Johnson, depose and say that the above statements are true and correct to the best of my knowledge and belief. I agree to be present in person or by representation when this petition is heard before the Zoning Board of Appeals.

  
Petitioner's Signature

  
Owner's Signature  
(If other than petitioner)  
For Kevin Reger



Subscribed and sworn to before me  
this 12 day of July, 20 24  


## CITY OF JOLIET OWNERSHIP DISCLOSURE FORM

The City of Joliet requires that applicants for zoning relief, subdivision approval, building permits and business licenses disclose the identity of all persons having an ownership interest in the business and the real property associated with the application. A copy of this form must be completed and submitted with other application materials. Failure to properly complete and submit this form may result in the denial of the application.

### I. INFORMATION ABOUT THE APPLICATION

This form is submitted as part of an application for the following (check all that apply):

- Rezoning, Special Use Permit, Variation, or Other Zoning Relief (Complete Sections II and III)
- Preliminary Plat, Final Plat, or Record Plat of Subdivision (Complete Sections II and III)
- Building Permit (Complete Sections II and III)
- Business License (Complete All Sections)

### II. INFORMATION ABOUT THE PROPERTY

The address and PIN(s) of the real property associated with this application are:

218 S. Larkin Ave Joliet, IL

PIN(s): 30-07-18-201-049-0000

### III. PROPERTY OWNERSHIP

Select the type of owner of the real property associated with this application and fill in the appropriate contact information below:

- Individual:** State the names, addresses, and phone #'s of the individual owner(s)
- Corporation:** State the names, addresses, and phone #'s of all persons holding 3% or more of the stock of the corporation and the percentage of shares held by such stockholders
- Limited Liability Company:** State the names, addresses, and phone #'s of all members of the company along with the percentage of ownership held by each member
- Land Trust:** State the names, addresses, and phone #'s of the trustee(s) and all beneficiaries
- Partnership:** State the names, addresses, and phone #'s of all partners
- Other type of organization:** State the names, addresses, and phone #'s of all persons having a legal or equitable ownership interest in the organization or the right to direct the affairs of the organization

Kerin Reger - 100%

16060 Oak Park Ave

Tinley Park IL 60477

708-614-0126

E-MAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

chris@regurdevelopment.com

**IV. BUSINESS OWNERSHIP**

If the owner of the business is different than the owner of the real property associated with the application, then the following information must be provided:

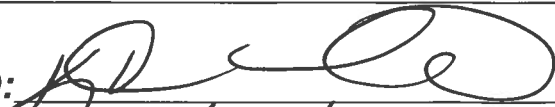
Select the type of business owner associated with this application and fill in the contact information below:

- Individual:** State the names, addresses, and phone #'s of the individual owner(s)
- Corporation:** State the names, addresses, and phone #'s of all persons holding 3% or more of the stock of the corporation and the percentage of shares held by such stockholders
- Limited Liability Company:** State the names, addresses, and phone #'s of all members of the company along with the percentage of ownership held by each member
- Partnership:** State the names, addresses, and phone #'s of all partners
- Other type of organization:** State the names, addresses, and phone #'s of all persons having a legal or equitable ownership interest in the organization

Keisha Johnson  
797 Oxbow Ave Oswego IL 60543  
312 219-4103  
10090  
E-MAIL: Keisha@kobismt.com FAX: \_\_\_\_\_

**NOTE:**

If a stockholder, member, beneficiary or partner disclosed in Section III or Section IV is not an individual, then the individuals holding the legal or equitable title to the real property or business associated with the application must also be disclosed. For example, if the real property associated with an application is owned by a land trust, and the beneficiary of the land trust is a limited liability company, then the members of the limited liability company must be disclosed. If one of the members of the limited liability company is a partnership, then the identity of the partners must be disclosed. If one of the partners is a corporation, then all persons owning 3% or more of the issued stock must be disclosed.

SIGNED: 

DATE: 07/12/2024

Name, Title, and Telephone Numbers of Person Completing and Submitting This Form:

Keisha Johnson ~~CEO~~ Business Owner  
Licensed Massage Therapist 312-219-4103

**PRINT**





## 2024 GENERAL BUSINESS LICENSE APPLICATION

Office of the City Clerk - Business Services  
150 West Jefferson Street  
Joliet, Illinois 60432  
Office 815-724-3905 Fax 815-724-3904  
Email: [businessservices@joliet.gov](mailto:businessservices@joliet.gov) Website: <http://www.joliet.gov>

**Office Use Only:**  
Date Received: \_\_\_\_\_  
Date Issued: \_\_\_\_\_  
Business Account ID: \_\_\_\_\_

**This application pertains to the following type of businesses:** Auctioneer; Billiard Hall/Pool Hall; Bowling Alley; Broker; Dry Cleaner; Food Service Establishment; Food Store; Gasoline Station; Hotel/Motel; Massage Salon; Nursing Home; Paint Sale/Paint Application; Pet Shop Operator; Public Amusement; Public Garage; Tattoo Artist; Tattoo Shop; Warehouse, Weapons Dealer; Wholesale Purveyor of Food.

Please print legibly. All information and supplemental requirements must be completed and submitted. **Incomplete forms will be returned.** Please allow a *minimum* of twenty (20) business days for process and review prior to opening.

Proposed Opening Date: 03/01/2019 Date Opened: 03/01/2019

### LOCAL BUSINESS INFORMATION

Business Name (DBA): Kobi's Massage Therapist LLC Store Number: \_\_\_\_\_

Business Address: 218 S. Larkin Ave Suite 206

City: Joliet State: Illinois Zip Code: 60436

Business Phone Number: 312-219-4103 Fax Number: N/A

Location Manager/Supervisor Name: Keisha Johnson

Home Address: 797 Oxbow Ave

Cell Phone Number: 312-219-4103 E-mail Address: keisha@kobismt.com

### CORPORATE/ BUSINESS OWNERSHIP INFORMATION

Corporate Name: Kobi's Massage Therapist LLC

Contact Name: Keisha Johnson

Corporate Address: 7537 S. Saint Louis Ave

City: Chicago State: Illinois Zip Code: 60652

Phone Number: 312-219-4103 Fax Number: N/A

E-mail Address: keisha@kobismt.com Website: kobismt.com

Federal Employee Identification Number (FEIN Submit IRS Dept. of Treasury Authorization): 83-2089265.

State of Illinois Business Tax Number (IBT - Submit IDOR Certificate of Registration): \_\_\_\_\_

Mailing address for all correspondence: Local Business:  Corporate: \_\_\_\_\_

**BUSINESS OWNERSHIP INFORMATION**

Provide the following information regarding how the business was created and is owned:

X Individual         Partnership    X Limited Liability Corporation (LLC)         Private Limited Company (LTD)         Corporation

**List all owner(s) information below and add a second sheet if necessary:**

Name: Keisha Johnson Title: Owner/LMT  
Home Address: 797 Oxbow Ave unit 203  
City: Oswego State Illinois Zip Code: 60543  
Cell #: 7739085803 Email: keisha@kobismt.com % of Ownership: 100

Name: N/A Title: N/A  
Home Address: N/A  
City: N/A State N/A Zip Code: N/A  
Cell #: N/A Email: N/A % of Ownership: N/A

Name: N/A Title: N/A  
Home Address: N/A  
City: N/A State N/A Zip Code: N/A  
Cell #: N/A Email: N/A % of Ownership: N/A

Name: N/A Title: N/A  
Home Address: N/A  
City: N/A State N/A Zip Code: N/A  
Cell #: N/A Email: N/A % of Ownership: N/A

I hereby certify that the information provided in this application is true and correct to the best of my knowledge and that I have not provided false or misleading information. I understand that the failure to supply adequate or correct information will be subject to suspension or revocation of the City of Joliet business license.

Keisha Johnson  
Name of applicant (print)

\_\_\_\_\_  
Signature of applicant

Owner/LMT  
Title of applicant

05/14/2024  
Date

# GENERAL BUSINESS LICENSE WORKSHEET

Check all uses that apply. Any additional information must be submitted.

\_\_\_\_\_ **Auctioneer** – submit copy of Illinois license

Number of auctioneers: \_\_\_\_\_

Number of assistants: \_\_\_\_\_

\_\_\_\_\_ **Broker**

Bonds: \_\_\_\_\_ Grain: \_\_\_\_\_ Merchandise: \_\_\_\_\_

Negotiable Paper: \_\_\_\_\_ Produce: \_\_\_\_\_

Stocks: \_\_\_\_\_

\_\_\_\_\_ **Dry Cleaners**

On-site plant: Yes \_\_\_\_\_ No \_\_\_\_\_

Home delivery: Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_ **Food Service Establishment**

**(Restaurants)** – must also complete Food Store Section & submit Health Department

Certificate (Any place in which food or drink is prepared for sale or for service on the premises or elsewhere or any operation where food is served or provided for the public with or without a charge.)

Total seating capacity: \_\_\_\_\_

Home delivery: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Number of outdoor seats: \_\_\_\_\_

\_\_\_\_\_ **Food Store** – submit Health Department

Certificate (Any place where food, including beverages, intended for human consumption off the premises, is manufactured, produced, prepared, handled, transported, sold or offered for sale).

Total number of employees: \_\_\_\_\_

Home delivery: Yes: \_\_\_\_\_ No: \_\_\_\_\_

\_\_\_\_\_ **Gasoline Station**

Number of service hoses: \_\_\_\_\_

Number of underground storage tanks: \_\_\_\_\_

Total Number of gallons stored: \_\_\_\_\_

\_\_\_\_\_ **Hotel/Motel**

Number of rooms available: \_\_\_\_\_

<sup>x</sup> \_\_\_\_\_ **Massage Business**

Number of masseuses on staff: 1 \_\_\_\_\_

\_\_\_\_\_ **Nursing Home** – submit proof of

Administrator License and Illinois License

Type of facility: \_\_\_\_\_

Number of beds: \_\_\_\_\_

\_\_\_\_\_ **Paint Sales/Application**

Containers one pint in size or less:

Yes \_\_\_\_\_ No \_\_\_\_\_

Containers one pint in size or more:

Yes \_\_\_\_\_ No \_\_\_\_\_

Is paint applied on the premises?

Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_ **Pet Shop Operator** – Submit Pet Shop

Operator License issued by State of IL

\_\_\_\_\_ **Public Amusement** – Submit Certificate

of Insurance Naming the City of Joliet as Additional Insured

\_\_\_\_\_ **Public Garage**

Number of service bays: \_\_\_\_\_

\_\_\_\_\_ **Tattoo Artist** – submit medical papers and

Bloodborne Pathogen Training Certificate

\_\_\_\_\_ **Tattoo Shop** – submit Illinois Certificate of

Registration and Certificate of Insurance

Number of tattoo artists on premise: \_\_\_\_\_

\_\_\_\_\_ **Warehouse**

\_\_\_\_\_ **Weapons Dealer** - submit copies of

Federal Weapons Dealer's Number and

State of Illinois F.O.I.D. Number

\_\_\_\_\_ **Wholesale Purveyor of Foods**

Describe commodities delivered: \_\_\_\_\_

Number of vehicles delivering: \_\_\_\_\_

Do you have a location within the city limits of the City of Joliet? Yes \_\_\_\_\_ No \_\_\_\_\_



**BUSINESS OPERATION INFORMATION**

General Description/Purpose of Business: Massage Therapy

Gross Square Footage of Business Location: 9X15

Total Number of Employees at Location (include family members): 1

Days of Week and Hours of Operation at Location: Sunday - Thursday 10am - 10pm

Do you want your business information listed on the City of Joliet's website and/or the city's tourism website at www.visitjoliet.com? Yes X No       

Is the Business Located in a Stand-Alone Structure? Yes        No X

If no, name of center: A Salon Suite

Does the Business Own the Building? Yes        No X If no, complete the following:

Owner Name: Chris Reger

Owner Address: 16060 Oak Park Ave

City: Tinley Park State: ILLINOIS Zip Code: 60477

Cell Phone Number: 7086140126

Does or will the Business have a Joliet Liquor License? Yes        No X

Does the Business buy, sell, or accept used merchandise? Yes        No X

If yes, the Antique Dealers, Itinerant Merchants, Pawn Brokers and Second Hand Dealers Application must be completed

Are Hazardous Materials Stored on Site? Yes        No X If yes, provide MSD Sheets to the Joliet Fire Department

Does the Business have an Alarm System? Yes        No X If yes, must register with the Joliet Police Department

Name of Alarm System Monitoring Company: N/A

Are there any food/ beverage vending machines, gaming machines, amusement machines, or a market pantry on the property? Yes        No X

Provide vending/market pantry vendor information below:

Vending Company: N/A

Office Number: N/A

Contact Name: N/A

Cell Phone Number: N/A

**ZONING BOARD OF APPEALS**  
**CRITERIA FOR SPECIAL USES**

Section 47-5.2 (C) of the Zoning Ordinance states:

*A special use permit shall not be granted unless the applicant establishes by clear and convincing evidence:*

	Does the evidence presented sustain this criteria?	Comments
(1) That the establishment, maintenance or operation of the special use will not be detrimental to or endanger the public health, safety, morals, comfort, or general welfare; and		
(2) That the special use will not be injurious to the use and enjoyment of other property in the immediate vicinity for the purposes already permitted, nor substantially diminish and impair property values within the neighborhood; and		
(3) That the establishment of the special use will not impede the normal and orderly development and improvement of surrounding property for uses permitted in the district; and		
(4) That adequate utilities, access roads, drainage, and/or other necessary facilities have been or will be provided; and		
(5) That adequate measures have been or will be taken to provide ingress and egress so designed as to minimize traffic congestion in the public streets; and		
(6) That the special use shall in all other respects conform to the applicable land use regulations of the district in which it is located and shall not be in violation of any other applicable law, ordinance or regulation; and		
(7) At least one (1) year has elapsed since any denial of any prior application for a special use permit that would have authorized substantially the same as all or part of the sites, unless conditions in the area have substantially changed.		