VILLAGE OF HALES CORNERS

5635 S. New Berlin Road, Hales Corners, WI 53130 (414) 529-6161 www.halescornerswi.org

APPLICATION FOR MASSAGE ESTABLISHMENTS (MUNICIPAL CODE 11.20)

Fee: \$100.00 License Year 2024 -- 2025

The permit year is from July 1 to the following June 30. All permits expire on June 30 annually.

MUNICIPAL CODE 11.19 REGISTRY OF MASSAGE THERAPISTS AND BODYWORKERS REQUIRED. No person or entity shall engage in the practice of massage therapy or bodywork or perform massage therapy or bodywork for gain, unless such person has previously been issued and holds a valid license of registration under Subchapter XI of Chapter 460 of the Wisconsin Statutes, as amended.

INSTRUCTIONS: This form must be completed by an individual applicant or for each person of a partnership or joint venture or agent of a corporation. *Please complete this application and required license and lease copies and return it to the above address with your remittance in the form of a check or money order, made payable to:* VILLAGE OF HALES CORNERS.

PLEASE TYPE OR PRINT.

•	NAME OF OPERATOR OF FO	TARLICURATRIT			
	NAME OF OPERATOR OF ES	IABLISHIVIENI			
•	NAME OF ESTABLISHMENT		COUNTY		
•	LOCATION OF ESTABLISHMI	ENT (Street number, name, and other address details	s) ZIP CODE		
•	HOME ADDRESS OF OPERA	TOR*(Including Zip Code)	DATE OF RESIDENCE		
•	PREVIOUS HOME ADDRESS	OF OPERATOR WITHIN LAST 5 YRS.	DATE OF RESIDENCE		
	PREVIOUS HOME ADDRESS	OF OPERATOR WITHIN LAST 5 YRS.	DATE OF RESIDENCE		
	PERSONAL DATA-OPERATO	R			
	Date of Birth	Phone Number	Email Address		
.	OPERATOR'S BUSINESS OR OCCUPATION (For the 3-years immediately preceding the date of this application.)				
	Business/Occupation D		Dates of Business/Occupation		

9.	DATE YOU WISH TO BE LICENSED TO OPEN FOR BUSINESS:					
10.	HAS THIS ESTABLISHMENT BEEN PREVIOUSLY LICENSED? □ No □ Yes: Give the NAME of the former operator and the name of establishment:					
11.	INDICATE HERE ALL PHONE NUMBERS AT THE PROPOSED ESTABLISHMENT:					
	Main Phone Number	Additional Phone Number	Additional Phone Number			
	SUSPENDED OR REVOKED? □ No □ Yes: Give the REASON and the business entity or trade name under which the applicant operated that was subject to the suspension or revocation:					
13.	NAMES, ADDRESSES AND PHONE NUMBERS OF ALL MASSAGE LICENSENSED PERSONS EMPLOYED BY THE OPERATOR AT THE PROPOSED ESTABLISHMENT ON THE DATE OF THIS APPLICATION: (If more space is required, please attach an additional page.)					
	Employee Name (First & Las	et) Employee Home Address with Zip	Code Employee Phone Number			
	A					
	В					
	C					
	D					
	E					
	F					
	G					

- 14.

 ATTACH PROOF OF OWNERSHIP, LEASE, OR OTHER DOCUMENTATION WHERE THE LICENSED **ESTABLISHMENT IS TO BE LOCATED.**
- 15. □ ATTACH COPY OF DRIVER'S LICENSE AND WISCONSIN MASSAGE THERAPIST LICENSE FROM ALL MASSAGE THERAPISTS EMPLOYED BY THE ESTABLISHMENT.
- 8 S d

16. THE APPLICANT CERTIFIES THAT THE PREMISES ARE IN COMPLIANCE WITH THE COMPLIANCE OF HALES CORNERS MUNICIPAL CODE) AND ALL BUILDING, FIRE AND HEALT AND REGULATIONS OF THE VILLAGE OF HALES CORNERS. Compliance with such constandards established shall be conditions precedent to the opening of business.					
	HE INFORMATION HE/SHE HAS				
Operator/Applicant S	ignature	Dated	-		
	TENTURE MUST SIGN BELOW, I PROVIDED ON OR WITH THIS				
Signature		Print Name	Date		
Signature		Print Name	Date		
Signature		Print Name	Date		
INSPE	CTIONS REQUIRED BEF	ORE LICENSE MAY BE	ISSUED		
Applicant MUST contact the schedule inspections and obtains	•		AST <mark>7 DAYS</mark> IN ADVANCE to cheduling the inspections.		
FOR STAFF USE ONLY:			=======================================		
Health Department	APPROVE/DENY (Circle COMMENTS:	e One)	Date		
Police Department	APPROVE/DENY (Circle COMMENTS:	e One)	Date		
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Village Board Action: □ Approve □ Deny Date:_____ (R:2/26/24)