

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.

1. _____
NAME OF OPERATOR OF ESTABLISHMENT

2. _____
NAME OF ESTABLISHMENT **COUNTY**

3. _____
LOCATION OF ESTABLISHMENT (Street number, name, and other address details) **ZIP CODE**

4. _____
HOME ADDRESS OF OPERATOR*(Including Zip Code) **DATE OF RESIDENCE**

5. _____
PREVIOUS HOME ADDRESS OF OPERATOR WITHIN LAST 5 YRS. **DATE OF RESIDENCE**

6. _____
PREVIOUS HOME ADDRESS OF OPERATOR WITHIN LAST 5 YRS. **DATE OF RESIDENCE**

7. **PERSONAL DATA-OPERATOR**

_____ **Date of Birth** _____ **Phone Number** _____ **Email Address**

8. **OPERATOR’S BUSINESS OR OCCUPATION (For the 3-years immediately preceding the date of this application.)**

Business/Occupation **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:

Former Operator Name of Establishment License Number

11. INDICATE HERE ALL PHONE NUMBERS AT THE PROPOSED ESTABLISHMENT:

Main Phone Number Additional Phone Number Additional Phone Number

12. HAS THIS APPLICANT OR OPERATOR EVER HAD A MESSAGE ESTABLISHMENT LICENSE 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 MESSAGE LICENSED 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 & Last) Employee Home Address with Zip Code Employee Phone Number

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____
- F. _____
- G. _____

