

VILLAGE OF HALES CORNERS

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

APPLICATION FOR MASSAGE ESTABLISHMENTS

Fee: \$100.00 License Year 2025 - 2026

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

MUNICIPAL CODE CHAPTER 290 ARTICLE I MASSAGE THERAPISTS AND BODYWORKERS. 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 under Ch. 460, Wis Stats., as amended.

INSTRUCTIONS: This form must be completed by an individual applicant, partnership, joint venture or agent of a corporation. Please complete this application, provide 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.

Part 1: Massage Establishment Business Information

Legal Business Name (individual name if sole proprietor):		
Company Name/ DBA:		
Entity Type (circle one) <div style="display: flex; justify-content: space-around; width: 100%;"> Sole Proprietor Partnership Limited Liability Company Corporation </div>		
Date of Organization:	FEIN:	Wisconsin DFI Registration Number:
Establishment Address:		
City, State, Zip:	Business Phone Number:	Business Email:
Establishment Description – Describe the location where activities related to the licensed activity of massage, and related records are kept. Describe all rooms within the building. Authorized massage activities and storage of records may occur only on the premises described in this application.		
Landlord/Property Owner Information - Name, Phone Number & Email (If different from applicant):		
Has the establishment been previously licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide former owners name and business name:		

Name:	Address:	Phone Number:
Name:	Address:	Phone Number:

Part 4: Criminal History

Has the applicant or business ever had a massage establishment license suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide reason, date, and business name under which the applicant was suspended or revoked:		
Have you ever been convicted of any offenses for violation of any federal or state laws, or local ordinances? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Law/Ordinance Violated:	Location:	Date:
Penalty Imposed:	Was sentence completed?	
Has the business ever been convicted of violating federal or state laws or local ordinances? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Law/Ordinance Violated:	Location:	Date:
Penalty Imposed:	Was sentence complete?	
Is the applicant business owned by another business entity? If yes, provide the name(s) and FEIN(s) of the business entity owners. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Business Entity:	Business Entity FEIN:	
Does the business owe past due municipal property taxes, assessments, or other fees? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part 5: Attestation

<i>The applicant certifies that the information provided above and with this application is true and correct. The applicant agrees to operate this business according to Village of Hales Corners Municipal Code Chapter 290 relating to Massage Establishments and in compliance with Chapter 445, Zoning Code, of all building, fire and health codes and regulations. By signature, authorization is granted to the village, its agents and employees to seek information and conduct an investigation into the truth of the statements set forth in the application and the qualifications of the applicant(s) for the license.</i>		
Last Name:	First Name:	M.I.:
Signature:	Title:	Date:

Required documentation with application:

- Proof of current ownership or current lease of establishments address.**
- Copies of Driver's License of all employees of the establishment.**
- Copies of Wisconsin Massage Therapist License(s) from all employees performing massage services at the establishment.**

INSPECTIONS REQUIRED BEFORE LICENSE MAY BE ISSUED

Applicant **MUST** contact the Health Department (414-529-6155) AT LEAST **7 DAYS** IN ADVANCE to schedule inspections. All fees must be paid prior to scheduling the inspections.

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FOR STAFF USE ONLY:

Health Department	<input type="checkbox"/> APPROVE <input type="checkbox"/> DENY Comments:	Date
Police Department	<input type="checkbox"/> APPROVE <input type="checkbox"/> DENY Comments:	Date
Village Board	<input type="checkbox"/> APPROVE <input type="checkbox"/> DENY Comments:	Date: