

VILLAGE OF HALES CORNERS

5635 S. New Berlin Road, Hales Corners, WI 53130

(414) 529-6161

www.halescorners.org

APPLICATION FOR MASSAGE ESTABLISHMENTS

(MUNICIPAL CODE 11.20)

Fee: \$100.00 License Year _____ -- _____

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

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 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 (Including Zip) **DATE OF RESIDENCE**

6. _____
PREVIOUS HOME ADDRESS OF OPERATOR (Including Zip) **DATE OF RESIDENCE**

7. **DATE YOU WISH TO BE LICENSED TO OPEN FOR BUSINESS:** _____

(OVER)

8. 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
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9. PERSONAL DATA-OPERATOR

Date of Birth	Phone Number	Social Security Number
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Hair Color	Eye Color	Height	Weight
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10. OPERATOR’S BUSINESS OR OCCUPATION (For the 3-years immediately preceding the date of this application.)

Business/Occupation	Dates of Business/Occupation
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11. INDICATE HERE ALL PHONE NUMBERS AT THE PROPOSED ESTABLISHMENT:

Main Phone Number	Additional Phone Number	Additional Phone Number
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12. IF A CORPORATION SUBMITS THIS APPLICATION-INDICATE THE NAME AND ADDRESS OF EACH OFFICER INCLUDING THE EXTENT OF OWNERSHIP OF EACH.

NAME OF CORPORATION _____

Indicate whether any of the individuals listed below are officers of OR hold stock in another corporation conducting a similar business in the State of Wisconsin.

A. _____
Officer/Director Name and Home Address:

Percent of Ownership and City State and Zip for Home Address:

Stock in a Similar Wisconsin Business?

B. _____
Officer/Director Name and Home Address:

Percent of Ownership and City State and Zip for Home Address:

Stock in a Similar Wisconsin Business?

13. HAS THIS APPLICANT OR OPERATOR EVER HAD A MASSAGE 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:

14. NAMES, ADDRESSES AND PHONE NUMBERS OF ALL 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
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A. _____

B. _____

C. _____

D. _____

15. NAME OF CORPORATION: _____

DATE OF INCORPORATION: _____ STATE OF INCORPORATION: _____

NAME OF AGENT: _____ ADDRESS OF AGENT: _____

(OVER)

