

**VILLAGE OF HALES CORNERS**

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

(414) 529-6161

[www.halescorners.org](http://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.

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**

**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 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:

\_\_\_\_\_

13. 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

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_

E. \_\_\_\_\_

F. \_\_\_\_\_

G. \_\_\_\_\_

