

**CITY OF BROOKFIELD
GENERAL INFORMATION SHEET
FOR A MASSAGE BUSINESS LICENSE**

These questions **MUST** be answered truthfully. Please read these questions carefully. Our Police Department performs a background check on all applicants. Should we find your information is **NOT** correct, we **WILL** deny your license.

Definition

"Massage Business". Any business having a permanent location where any person, firm, association or corporation engages in the practice of massage as that term is defined herein.

"Massage". Holding, positioning, rocking, kneading, compressing, decompressing, gliding or percussing the soft tissue of the human body and applying friction to soft tissue.

License Term

12 months

New Applications - Must apply to our office in Person

1. All **new applicants must apply in person** to the City Clerk's Office in the Brookfield City Hall, 2000 N. Calhoun Road.
2. You must submit a completed application with a written declaration by the applicant, under penalty of perjury, that the information contained in the application is true and correct, said declaration being duly dated, signed and notarized.
3. \$100 license fee for an individual applicant, a corporation with no more than three (3) shareholders, or an applicant with no more than three (3) named lessees. An additional fee of \$50 per person shall be assessed for each additional shareholder and lessee over three (3).
4. The City Clerk will refer copies of application to the building inspection department and police department. The appropriate department will inspect the premises proposed to be operating as a massage business, investigate the information contained in the application and make written recommendations to the City Clerk.

RENEWALS ONLY - CAN BE MAILED

A properly completed and **NOTARIZED** renewal application shall be filed at least forty-five (45) days prior to the date of expiration. The fee for the renewal of a massage business license shall be \$100 for a one year license.

The applicant shall present an application that contains:

A sworn affidavit by the business applicant stating that the matters contained in the original application have not, or if they have changed, specifically stating changes which have occurred.

DENIAL

An application may be denied by the City Clerk if it is found:

1. That the operation of the business would not comply with federal, state or local ordinances, rules or regulations, including, but not limited to, the building, fire or zoning codes of the City.
2. That the applicant and/or any other person who will be directly or indirectly engaged in the management and operation of a massage business has been convicted of:
 - a. A felony or misdemeanor conviction for bodily harm; or any offense involving sexual misconduct including, but not limited to prostitution, soliciting for a prostitute, keeping a place of prostitution, or other offenses involving moral turpitude; or
 - b. A misdemeanor or ordinance violation based upon conduct or involvement in the massage business or similar or related business activity within the City or any other city, village or town, or had a massage business license denied, revoked or suspended by the City, or any other jurisdiction.
3. That the applicant has made any material misstatement in the application for a license.

CITY OF BROOKFIELD
2000 N. Calhoun Road
Brookfield, WI 53005
782-9650

MESSAGE BUSINESS LICENSE APPLICATION

****Check here if this is a Renewal****

****If this is a Renewal and there are no changes from last year's application, please fill in the asterisked areas only.****

\$100 fee plus \$50 per person for each additional shareholder or lessee over three (3). This must accompany the notarized application. Make check payable to the City of Brookfield.

1. **** Name of Business** _____

Street Address _____

City/State/Zip _____ Phone _____

Massage will be performed at: _____

Landlord Name _____

Address _____

Phone # _____

2. Please also include the following information:

a) A copy of its articles of incorporation and/or authorization to do business in the State of Wisconsin.

b) The business tax identification number: _____

****c)** Evidence of malpractice liability insurance coverage in an amount that is not less than \$1,000,000.00 per occurrence and \$1,000,000.00 for all occurrences in one year.

d) Hours of operation: _____

e) A copy of the list of the board of directors of the corporate applicant.

3. **** The application for a license to operate a massage business shall state the current name(s), current street address(es), and current telephone number(s) of the individual(s) who will be the business' massage therapist(s) or who are sublessee(s) of the applicant.**

Name of Massage Therapist _____

(First)

(MI)

(Last)

Street Address _____

City/State/Zip _____ Phone _____

Sex M ___ F ___ Birth date _____

Social Security # _____ Driver's License # _____

Other addresses for past three year's _____

Massage will be performed at: _____

Are you licensed by the State of Wisconsin? Yes _____ No _____ (If yes, do not complete the information on **Education**) *****Please attach a copy of your state massage therapist license*****

Education (Attached additional sheets if necessary)

School or institution attended _____

Address _____

Number of course hours taken _____

4. In addition to the foregoing, all applicants for a license, including any individual person, any partner of a partnership applicant, or any officer or director of a corporate applicant and any stockholder holding more than seven percent (7%) of the shares of stock of a corporate applicant, shall furnish, under oath as may be applicable, the following information:

A) **Name of Applicant** _____

Sex M ___ F ___ Birth date _____ Social Security # _____

Driver's License # _____

Other addresses for past three years _____

**B) Employment record for last five years - occupation, employer, dates (Attached additional sheets if necessary)

**C) In the past 5 years, have you been convicted of any criminal or ordinance violations in any state or federal court, or municipal court, except for minor traffic violations? Yes _____ No _____

If yes, name of person(s), date, charge and penalty _____

**D) In the past 5 years, have you been convicted of a crime of immorality under Chap. 944 WI Stats., subject to Sec. 111.335, WI Stats? Yes _____ No _____

If yes, list date, charge and penalty _____

**E) Have you had a Massage Therapist Permit or License refused in this or other states within 5 years of the date of application? Yes ____ No _____

If Yes, list _____

5.** The undersigned agrees to inform the City Clerk's Office within ten (10) days of any substantial changes in the information supplied in this application.

I have knowledge of the City ordinances currently regulating the permit applied for herein.

- a) I authorize the City, its agents and employees, to obtain information and to conduct an investigation concerning the statements contained in the application and qualifications of the applicant for the license.
- b) I declare under penalty of perjury and as by the applicant or its authorized agent that the information contained in the application is true and correct, said declaration being duly dated, signed and notarized.

NOTE: THIS PERMIT MAY BE REVOKED OR SUSPENDED FOR FAILURE TO COMPLY WITH ANY CITY REQUIREMENT RELATING TO MASSAGE THERAPISTS.

Subscribed and Sworn to before me this

_____ day of _____ 20____.

(Signature of Applicant)

Notary Public, State of Wisconsin

My Commission expires _____