



# CITY OF LAKE GENEVA

## MASSAGE ESTABLISHMENT APPLICATION

**\$50.00 ANNUAL LICENSE FEE**

EXPIRES JUNE 30<sup>TH</sup> EACH YEAR

Is Application: Original  or Renewal

**Application must be accompanied by the following documents:**

1. \$50.00 License fee, payable to the City of Lake Geneva and due upon application
2. Copy of Applicant's Driver's License
3. A listing of the name and address of each Massage Technician employed or subcontracted by the establishment
4. Copy of each Massage Technician's Current and Valid State of Wisconsin Massage Therapist or Bodywork Therapist Certificate
5. Copy of each Massage Technician's Driver's License
6. If the applicant business is a corporation, include a report of the names and current addresses of all officers, directors, and stockholders owning more than 10% of stock in the corporation

### BUSINESS INFORMATION

Trade Name: \_\_\_\_\_

Corporate Name (if applicable): \_\_\_\_\_

Business Address (Physical): \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please explain the nature of services to be provided: \_\_\_\_\_

### BUSINESS OWNER (APPLICANT) INFORMATION

**Please include information for all business owners**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_  Copy of Driver's License Attached

Please provide names and addresses of any and all previous establishments where applicant was employed or subcontracted as a Massage technician during the last 3 years, including type of work performed and dates of employment:

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Have you ever had a massage or similar license/permit revoked, suspended, or denied?

NO       YES      If yes, please explain: \_\_\_\_\_

Have you ever been arrested, charged, and/or convicted for any offense, other than misdemeanor traffic violations, in Wisconsin or any other state?

NO       YES      If yes, provide the offense, date, location, and disposition:

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**The undersigned hereby swears, under penalty of law, that the foregoing information provided in this application is true and correct to the best of his/her knowledge and belief.**

**APPLICANT SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*For Office Use Only*

Date Filed: _____	Receipt #: _____	Amt Paid: _____
Forwarded to Police Dept: _____	Background Completed: _____	
Police Chief Recommendation: _____	Approved	Denied
<i>Fingerprinting required for new establishments</i> – Fingerprinted by LGPD: <input type="checkbox"/>		
Forwarded to Building Dept: _____	<i>Inspector approval required for new establishments</i>	
Building Inspector Recommendation: _____	Approved	Denied
FLR/Council Approval Dates: _____	License #: _____	
Verified: Stark <input type="checkbox"/>	MSI <input type="checkbox"/>	Notes/Conditions: _____
Copies to:	Building & Zoning	Police Chief
		Fire Chief