



CHART A BETTER COURSE

MESSAGE ESTABLISHMENT

CLK130 (rev. 02/19)

CITY ORDINANCE 13.125

OFFICE USE ONLY	
DATE FILED: _____	
INITIALS: _____	
ADVERSE: Yes No	
LP: _____	CC: _____
LETTER: _____	

Fee: \$100.00 Expires: December 31, _____ New Renewal

1. Applicant is: Individual Partnership Limited Liability Company (application must be made by agent)
 Corporation (application must be made by agent)

2. Applicant name: _____ District #: _____ (business)
INDIVIDUAL, PARTNERSHIP, LLC OR CORPORATION NAME

3. Business name: _____ Business address: _____
STREET ZIP

4. Is the principal use of the business massage, and do receipts account for more than 75% of the business's gross receipts? Yes No **If no, business does not qualify for a Massage Establishment License.**

5. All phone numbers of business _____ Email address: _____
(Correspondence Will Be Via Email If Address Is Given)

6. Attach a certificate of insurance in an amount of no less than One Million Dollars (\$1,000,000.00) in coverage for the business. Attached.

7. Individual/Partners/Agent* of a LLC or Corporation:

a) Full Name: _____ DOB: ____ / ____ / ____

Address: _____ Phone: _____
STREET CITY STATE ZIP

b) Full Name: _____ DOB: ____ / ____ / ____

Address: _____ Phone: _____
STREET CITY STATE ZIP

***If you are an agent for a LLC or Corporation, have you resided in the City of Kenosha for more than ninety (90) days?**
 Yes No

Each person listed in Question 7 above must complete page 3 & 4 - Individual/Partner/Agent report. Check if complete.

8. If applicant is a LLC or corporation, complete page 5 - Attachment A Officers/Directors/Stockholders List. Otherwise, skip to Question 9. Check if Schedule A is complete.

9. Persons employed at the proposed business at the time of this application:

a) Full Name: _____ Title: _____

Address: _____ Phone: _____
STREET CITY STATE ZIP

Does this employee hold a valid Wisconsin Massage Therapist license? Yes No

b) Full Name: _____ Title: _____

Address: _____ Phone: _____
STREET CITY STATE ZIP

Does this employee hold a valid Wisconsin Massage Therapist license? Yes No

Persons employed at the proposed business at the time of this application (continued):

c) Full Name: _____ Title: _____

Address: _____ Phone: _____
STREET CITY STATE ZIP

Does this employee hold a valid Wisconsin Massage Therapist license? Yes No

d) Full Name: _____ Title: _____

Address: _____ Phone: _____
STREET CITY STATE ZIP

Does this employee hold a valid Wisconsin Massage Therapist license? Yes No

e) Full Name: _____ Title: _____

Address: _____ Phone: _____
STREET CITY STATE ZIP

Does this employee hold a valid Wisconsin Massage Therapist license? Yes No

f) Full Name: _____ Title: _____

Address: _____ Phone: _____
STREET CITY STATE ZIP

Does this employee hold a valid Wisconsin Massage Therapist license? Yes No

READ CAREFULLY BEFORE SIGNING: I hereby certify that I am the applicant named in this application, and I have read and answered each and every question truly, correctly, and completely, under penalty of law for failure to do so. If this application contains statements or information which is untrue, incorrect and/or incomplete in any material respect, **it may be denied.**

Individual/Partner/Agent Signature Date

Individual/Partner/Agent Signature Date

1.22 LICENSE/PERMIT APPLICATIONS – CODE OF GENERAL ORDINANCES

A. Prohibition

It shall be unlawful for any person, acting as an individual, a partner, a corporate officer, or an agent, to execute or file with any City Department, or to authorize any person to do so on their behalf, a license or permit application which is not true, correct and/or complete in all material respects and which was known by said person to be untrue, incorrect and/or incomplete. The term "in all material respects" shall mean with respect to some fact, which, if known to the granting authority, would be a basis or a consideration for license or permit denial.

B. Penalty

1) Any person violating Subsection A. above, shall, upon conviction thereof, be subject to a forfeiture not to exceed Five Hundred (\$500) Dollars, plus the payment of the costs of prosecution, and, in default of the timely payment thereof, shall be committed to the County Jail until such forfeiture has been paid, but not to exceed a period of thirty (30) days.

2) The license or permit granting authority may grant, but withhold the issuance of, any license or permit for a period not to exceed thirty (30) days from the date of granting under circumstances wherein an application is found by the granting authority to have violated Section A. above, and the applicant was provided with an opportunity to appear before the granting authority. The granting authority may also issue a written warning to the applicant which shall be made part of their license/permit record for two (2) consecutive license/permit years. Where such finding and penalty is made and imposed by other than the Common Council, applicant may, within ten (10) days of receipt of oral or written notice of the imposition of any such penalty, whichever is first, if both oral and written notice is provided, file a Notice of Appeal with the City Clerk and have such matter reviewed by the Common Council.

1.225 ADMINISTRATIVE CHARGE FOR PROCESSING LICENSE/PERMIT APPLICATIONS

The first Twenty-five (\$25) Dollars of the application fee for any License/Permit shall be retained by the City in the event of a License/Permit denial or the withdrawal of the application by applicant for administrative and processing costs, and the balance, if any, refunded to the applicant. Where the application fee is less than Twenty-five (\$25) Dollars, the entire application fee shall be retained by the City for administrative and processing costs.



**Message Establishment
Individual/Partner/Agent Report**

Last Name: _____ First Name: _____ MI: _____
 (NOTE: Name Must Appear Exactly As It Appears On Driver's License Or State ID)

Date of Birth: _____ Driver's License or State ID Number: _____
STATE NUMBER

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Social Security Number: _____

Home Address: _____
STREET CITY STATE ZIP

Phone: _____ Email: _____
 (If Provided, Correspondence Will Be Sent Via Email)

If agent, have you resided in the City of Kenosha for more than ninety (90) days? Yes No

Attach:

- a. Proof of age Attached
- b. Full set of fingerprints Attached
- c. Two (2) 2" x 2" photographs not less than thirty (30) days old Attached

RECORD CHECK: Visit <http://www.kenoshajs.org/public-records/> if you need copies of records.
 If you have doubt as to whether to include certain information it is recommended that you do.
 If you are unsure, check with the clerk. Do not attach copies of records. **THE INFORMATION BELOW WILL BE VERIFIED.**

1. Have you ever received any **tickets** or been charged with any **traffic violations, ordinance violations, misdemeanors or felonies other than traffic offenses** in any state? Yes No If yes, provide: Charge, State, Date, Result (Include pending charges.) Example:

CHARGE	STATE	DATE	RESULT
Theft	Florida	5/22/2014	Dismissed
DUI	Wisconsin	2/10/2016	Pending

CHARGE	STATE	DATE	RESULT

2. Have you ever served or been sentenced to serve time in **jail or prison** in any state? Yes No
 If yes, provide: Charge, State, Date

CHARGE	STATE	DATE

Last Name _____ First Name _____ MI _____

3. Have you ever had a license similar to a massage establishment license **suspended** or **revoked** in any state?
 Yes **No**

If yes, provide: Reason, Locaton, Date

REASON	LOCATION	DATE

4. Have you ever, while operating a business or engaged in a profession, been convicted of any charges involving unfair trade practices, unethical conduct, or discrimination in any state? **Yes** **No**

If yes, provide: Charge, State, Date, Result (Include pending charges.)

CHARGE	STATE	DATE	RESULT

5. List the name and address of all employers for which you have worked and/or businesses you have operated in the **past two (2) years**:

6. List your **two immediately previous** addresses and dates of residence at each.

READ CAREFULLY BEFORE SIGNING: I hereby certify that I am the applicant named in this application, and I have read and answered each and every question truly, correctly, and completely, under penalty of law for failure to do so.

Applicant Signature

Date



**Message Establishment
Attachment A
OFFICERS, DIRECTORS AND STOCKHOLDERS LIST**

Corporation or LLC Name: _____

1. Full Name: _____ Address: _____
STREET CITY STATE ZIP

Title and Extent of Ownership: _____

Does this person hold office or stock in any other corporation or LLC conducting a similar business in Wisconsin? _____

2. Full Name: _____ Address: _____
STREET CITY STATE ZIP

Title and Extent of Ownership: _____

Does this person hold office or stock in any other corporation or LLC conducting a similar business in Wisconsin? _____

3. Full Name: _____ Address: _____
STREET CITY STATE ZIP

Title and Extent of Ownership: _____

Does this person hold office or stock in any other corporation or LLC conducting a similar business in Wisconsin? _____

4. Full Name: _____ Address: _____
STREET CITY STATE ZIP

Title and Extent of Ownership: _____

Does this person hold office or stock in any other corporation or LLC conducting a similar business in Wisconsin? _____

5. Full Name: _____ Address: _____
STREET CITY STATE ZIP

Title and Extent of Ownership: _____

Does this person hold office or stock in any other corporation or LLC conducting a similar business in Wisconsin? _____

6. Full Name: _____ Address: _____
STREET CITY STATE ZIP

Title and Extent of Ownership: _____

Does this person hold office or stock in any other corporation or LLC conducting a similar business in Wisconsin? _____

7. Full Name: _____ Address: _____
STREET CITY STATE ZIP

Title and Extent of Ownership: _____

Does this person hold office or stock in any other corporation or LLC conducting a similar business in Wisconsin? _____

Date _____ Agent Signature _____