



<b>OFFICE USE ONLY</b>
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ADVERSE: Yes No
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LETTER: _____

**MESSAGE THERAPIST**  
**CLK130 (rev. 11/17)**  
CITY ORDINANCE 13.125

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

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

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Must Be At Least 18 Years Old)

Home Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Email: \_\_\_\_\_  
(Correspondence Will Be Via Email If Address Is Given)

Driver's License or State ID Number: \_\_\_\_\_  
STATE NUMBER

Name and address of Business where License will be used: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ District # \_\_\_\_\_  
(PLEASE NOTE: License May Be Utilized In The City Of Kenosha Only)

1. Attach copy of birth certificate or driver's license.  **Attached**
2. Attach certificate from a medical doctor **dated within ninety (90) days of the date of application** providing verification of immunization against Rubella and Hepatitis B and verification of negative results of Tuberculosis through Mantoux PPD Test or chest X-ray. In the case of positive results, there must be a physician's statement that the condition is not contagious.  **Attached**
3. Attach documentation that you graduated from a school providing a minimum of five hundred (500) in-class hours of training in massage therapy in a curriculum approved by or substantially similar to a curriculum approved by the American Massage Therapy Association, the International Myomassethics Federation, Inc., or another National or International professional massage therapy organization which has an approved massage therapy curriculum.  **Attached**  **N/A – Renewal**

4. Attach Certificate of Insurance covering the license period or remainder thereof indicating that applicant has a policy of malpractice insurance written by an insurance company licensed to do business in the State of Wisconsin in the minimum amount of one million dollars (\$1,000,000.00) in coverage per person.  **Attached**

5. The Certificate of Insurance MUST list:  
 **City of Kenosha as Additional Insured**  **Notification of at least 20 Days in Advance of Cancellation**  
(Must be stated on certificate or the cancellation policy notice must be attached to certificate)

6. Attach "Applicants Report of Police Record".  **Attached**

7. Do you understand that you may obtain from the City Clerk or online at [www.kenosha.org](http://www.kenosha.org) a current copy of §13.125 of the Code of General Ordinances entitled "Massage Therapists"?  **Yes**

(PLEASE NOTE: YOU ARE RESPONSIBLE FOR KNOWING AND ABIDING BY THE CONTENTS THEREOF AND YOUR LICENSE/PERMIT MAY BE SUSPENDED OR REVOKED AND/OR YOU MAY BE SUBJECT TO A CIVIL FORFEITURE FOR NONCOMPLIANCE THEREWITH.)

8. Have you ever previously applied for and been denied the license herein applied for?  **Yes**  **No**

**If yes, explain:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Do you understand that when you file this application, you must have your picture taken in the City Clerk's Office?  **Yes** \_\_\_\_\_  
**INITIAL**

10. Do you understand that according to Section 13.125 H., Required Abbreviations and Titles in Advertising (unless licensed by the State of Wisconsin), Licensed Massage Therapists shall, in their advertisements within the City of Kenosha, use one of the following: "**Kenosha LMT**" or "**Kenosha Licensed Massage Therapist**".  **Yes** \_\_\_\_\_  
**INITIAL**

**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.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



APPLICANT'S REPORT – POLICE RECORD  
CLK001 (rev. 08/17)

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

Home Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Date of Birth: \_\_\_\_\_ Driver's License #: \_\_\_\_\_  
STATE NUMBER

License Applied For: \_\_\_\_\_

**PLEASE NOTE:** You may purchase a copy of your record for \$0.50 per page at the Records Department in the Public Safety Building, 1000-55th St. Additionally, check the WI Circuit Court Access website to obtain your circuit court records. Note: You must write your tickets, charges, citations, or offenses on the application. Do not attach copies of records.

- 1. Have you ever received any **tickets** or been charged with any **crimes or felonies in any state?**  **Yes**  **No**  
If yes, provide: Charge, State, Date, Result (Include pending charges.)

(Examples: Speeding, WI, 5/8/2012, Guilty | Theft, FL, 5/22/2014, Dismissed | DUI, WI, 6/30/2017, Pending)

CHARGE	STATE	DATE	RESULT

- 2. Have you ever had your **driver's license suspended or revoked in any state?**  **Yes**  **No**  
If yes, provide: Charge, State, Date

CHARGE	STATE	DATE

- 3. 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

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 five (5) years**:

\_\_\_\_\_

6. Have you lived at your current home address for the **past (5) five years**?  **Yes**  **No**  
 If no, please list all addresses which you have resided at in the past (5) five years:

\_\_\_\_\_

7. Do you, the applicant, understand that if any of the information provided is false, and/or incomplete, you may be subjected to the penalties specified in 1.22 of the Code of General Ordinances, which is printed on the bottom of this application.  **Yes** \_\_\_\_\_

INITIAL

8. Do you, the applicant, understand that if any of the information provided is false, and/or incomplete, the license may be denied?  **Yes** \_\_\_\_\_

INITIAL

\_\_\_\_\_  
 Applicant 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.