

CITY OF LAKE GENEVA

MASSAGE ESTABLISHMENT APPLICATION



Please Check:

- ☐ Original License Application
- ☐ Renewal of Current License

PLEASE FILL IN ALL BLANKS COMPLETELY, AS INCOMPLETE APPLICATIONS WILL BE REJECTED. ANNUAL LICENSE EXPIRES JUNE 30TH EACH YEAR. \$50.00 FEE IS PAYABLE TO THE CITY OF LAKE GENEVA AND DUE UPON APPLICATION.

NOTE: Application must be accompanied by the following documents:

- 1) Two 2"x 2" recent photographs of the applicant clearly showing his/her head and shoulders
- 2) Copy of applicant's diploma or certificate
- 3) Report of all massage technicians hired for the establishment, including names and current addresses
- 4) If the applicant business is a corporation, a report including names and current addresses of all officers, directors, and stockholders owning more than ten (10) percent of stock in the corporation

ANY APPLICATION SUBMITTED WITHOUT THE REQUIRED DOCUMENTATION SHALL BE CONSIDERED INCOMPLETE AND REJECTED.

BUSINESS INFORMATION

Trade Name: _____

Corporate Name (if applicable): _____

Bus. Address (Physical): _____

Mailing Address (if different): _____

City, State, Zip: _____

Phone: _____ Fax: _____

Please explain the nature of services to be provided: _____

BUSINESS OWNER (APPLICANT) INFORMATION

Full Legal Name: _____

Address: _____

City, State, Zip: _____

Previous Addresses (last 3 years): _____

APPLICANT IDENTIFICATION INFORMATION

Social Security No.: _____ Date of Birth: _____

Height: _____ ft. _____ in. Weight: _____ lbs. Sex: _____

Hair Color: _____ Eye Color: _____

APPLICANT EMPLOYMENT HISTORY

Please provide names/addresses of all employers of the applicant during the last 3 years, including type of work performed and dates of employment:

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

YES

NO

If yes, please explain: _____

CRIMINAL BACKGROUND INFORMATION

Have you ever been arrested, charged, and/or convicted for any offense, other than misdemeanor traffic violations, in Wisconsin or any other state? YES NO

If yes, please provide nature of offense, date, location, and disposition: _____

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

APPLICANT SIGNATURE

_____ DATE: _____

For Office Use Only

Date Filed: _____

Receipt No: _____

Total Amount: _____

Forwarded to Police Department: _____

Background Completed: _____

Police Chief Recommendation: _____

Approved

Denied

Fingerprinted by LGPD: _____

Fingerprinting required for new establishments only.

Forwarded to Building Department: _____

Building Inspector Approval: _____

Inspector approval required for new establishments only.

FLR Approval: _____

Council Approval: _____

License Issued: _____

License Number: _____

Copied to: Building & Zoning

Police Chief

Fire Chief