



CITY OF LAKE GENEVA

MASSAGE ESTABLISHMENT APPLICATION

Please Check:

- ☐ Original License Application
- ☐ Renewal of Current License

ANNUAL LICENSE FEE

\$50.00

EXPIRES JUNE 30TH EACH YEAR

Payable to the City of Lake Geneva
Due upon application

Application must be accompanied by the following documents:

- 1) A recent photo of the Applicant
- 2) A recent photo of Massage Technicians clearly showing head and shoulders and copy of Driver's License
- 3) Copy of Massage Technician's Diploma or Certificate
- 4) Massage Technician Information Section must be completed by all Massage Technicians employed in the establishment. Three copies of this section have been supplied for your convenience.
- 5) 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.

Applications submitted without required documentation will be considered incomplete and rejected

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 Legal Name: _____

Maiden Name: _____

Address: _____

City, State, Zip: _____

Driver's License No.: _____ Date of Birth: _____

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: _____

BUSINESS OWNER (APPLICANT) 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: _____

MASSAGE TECHNICIAN INFORMATION

****All Massage Technicians MUST complete this form****

Full Legal Name: _____

Maiden Name: _____

Address: _____

City, State, Zip: _____

Driver's License No.: _____ Date of Birth: _____

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: _____

MASSAGE TECHNICIAN(S) 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: _____

MASSAGE TECHNICIAN INFORMATION

****All Massage Technicians MUST complete this form****

Full Legal Name: _____

Maiden Name: _____

Address: _____

City, State, Zip: _____

Driver's License No.: _____ Date of Birth: _____

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

YES

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If yes, please explain: _____

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MASSAGE TECHNICIAN INFORMATION

****All Massage Technicians MUST complete this form****

Full Legal Name: _____

Maiden Name: _____

Address: _____

City, State, Zip: _____

Driver's License No.: _____ Date of Birth: _____

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YES

NO

If yes, please explain: _____

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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 and Massage Technicians

Forwarded to Building Department: _____

Building Inspector Approval: _____

Inspector approval required for new establishments

FLR Approval: _____

Council Approval: _____

License Issued: _____

License Number: _____

Copied to: Building & Zoning

Police Chief

Fire Chief