



Village of Ashwaubenon

2155 Holmgren Way • Ashwaubenon, WI 54304
P: 920.492.2301 F: 920.492.2328
www.ashwaubenon.gov

Massage Establishment License Application

1-Year License - Expires December 31st of Each Year - License Fee is Non-Refundable & Not Prorated

New Renewal License Period: January 1, \_\_\_\_\_ to December 31, \_\_\_\_\_

I/WE HEREBY APPLY FOR A MASSAGE ESTABLISHMENT LICENSE IN THE VILLAGE OF ASHWAUBENON FROM DATE HEREOF UNTIL THE EXPIRATION OF DECEMBER 31 OF EACH YEAR (UNLESS SOONER REVOKED) SUBJECT TO THE LIMITATIONS IMPOSED BY CHAPTER 6, ARTICLE 15, OF THE VILLAGE OF ASHWAUBENON MUNICIPAL CODE, AND HEREBY AGREE TO COMPLY WITH ALL LAWS, RESOLUTIONS, ORDINANCES, AND REGULATIONS AS IT RELATES TO THE OPERATIONS OF A MASSAGE ESTABLISHMENT.

Applicant must provide the following:

- Copy of Applicant's Driver's License - Background Copy of Applicant's State Issued Massage License Proof of Insurance
Detailed floor plan of establishment depicting the specific areas where activities will occur.

Legal Name of Applicant: \_\_\_\_\_

Applicant Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant Phone Number: \_\_\_\_\_ Applicant Email Address: \_\_\_\_\_

Previous Address(es) During Last 3 Years: \_\_\_\_\_

Have you been convicted of any felony in Wisconsin or the United States? Yes No

Have you been convicted of violating any law or ordinance regulating massage establishments? Yes No

Do you have past experience in operating a massage establishment? Yes No If yes, how long? \_\_\_\_\_

What was your business or occupation of employment for 3 years preceding the date of this application? \_\_\_\_\_

Name of Massage Establishment: \_\_\_\_\_

Massage Establishment Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Business Email Address: \_\_\_\_\_

Business Website: \_\_\_\_\_

Certification: I hereby certify that the information on this application is complete, accurate, true, and agree to comply with all state and local laws, ordinances and regulations. By signing this form, applicant agrees to allow the Village of Ashwaubenon to conduct a background check.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Table with 3 columns: FOR OFFICE USE ONLY (Return Completed Form & Payment to: Village of Ashwaubenon Clerk, 2155 Holmgren Way, Ashwaubenon, WI 54304. Village Clerk Phone: 920-492-2302. Email: whelgeson@ashwaubenon.gov), Public Works & Protection Committee (Approved: Denied: License Number: Date:), Date Received Stamp (Fee Paid:)



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REQUIRED: COMPLETE INFORMATION BELOW FOR ALL MASSAGE THERAPISTS EMPLOYED AND/OR CONTRACTED AT THE MASSAGE ESTABLISHMENT

MASSAGE THERAPIST INFORMATION

Name: Date of Birth: Address: City: State: Zip: Copy of State Issued Massage License

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The licensee shall report any change of fact required on the application form and all personnel changes to the Village Clerk within ten (10) days of such change. Failure of an establishment to notify the Village Clerk within ten (10) days of any change in personnel is subject to fines and/or penalties pursuant to Village Code.