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

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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: _____

FOR OFFICE USE ONLY	**Public Works & Protection Committee**	Date Received Stamp
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	Approved: ☐ Denied: ☐ License Number: _____ Date: _____	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

MASSAGE THERAPIST INFORMATION

Name: ______________________ Date of Birth: __________

Address: ______________ City: __________ State: ______ Zip: ______

☐ Copy of State Issued Massage License

MASSAGE THERAPIST INFORMATION

Name: ______________________ Date of Birth: __________

Address: ______________ City: __________ State: ______ Zip: ______

☐ Copy of State Issued Massage License

MASSAGE THERAPIST INFORMATION

Name: ______________________ Date of Birth: __________

Address: ______________ City: __________ State: ______ Zip: ______

☐ Copy of State Issued Massage License

MASSAGE THERAPIST INFORMATION

Name: ______________________ Date of Birth: __________

Address: ______________ City: __________ State: ______ Zip: ______

☐ Copy of State Issued Massage License

MASSAGE THERAPIST INFORMATION

Name: ______________________ Date of Birth: __________

Address: ______________ City: __________ State: ______ Zip: ______

☐ Copy of State Issued Massage License

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.