



CITY OF WAUWATOSA
OFFICE OF THE CITY CLERK
7725 WEST NORTH AVENUE
Telephone: (414) 479-8921 Fax: (414) 479-8989

Date _____

MESSAGE ESTABLISHMENT LICENSE APPLICATION

License year: July 1, 20____ to June 30, 20____

Please print clearly

Business Name (d/b/a) _____
Wauwatosa address: _____
Phone: _____ Cell Phone: _____ Fax _____ E-mail: _____

Agent Name (WI resident responsible for this location) _____

First Name Middle Initial Last Name

WI Driver's License # _____

Home Address _____ City _____ Zip _____

Phone: _____ Cell Phone: _____ E-mail: _____ Fax _____

Date of Birth: _____ Have you been convicted of, paid a fine for, or received a citation for violating any laws relating to the operation of a massage establishment? Yes No If yes, explain: _____

Business Owner>(*Legal Licensee) _____

*Legal Licensee is the legal entity owning the business: the name of the corporation owning the business, partnership, LLC, etc., **OR** yourself if non-incorporated sole proprietorship

Owner Address: _____

City _____ State: _____ Zip: _____

Phone _____ Fax: _____ E-mail: _____

The questionnaire on the reverse side of this application must be completed. I hereby certify that all of the above answers are true and correct and agree to comply with all state and local laws, ordinances & regulations.

Signature _____

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public, State of Wisconsin
My commission expires: _____

OFFICE USE ONLY

Reports required: Police Health

Citations? Yes No

Revised 8/2015

Annual License Fee: **\$200.00 / 01-311-4350-000**

Background Check Fee: **\$10.00 / 01-521-4160-000**

Late Fee as of June 1st: **\$30 + 10% of each license / 01-311-4900-000**

Late Fee after July 1st: **\$40 + 20% of each license / 01-311-4900-000**

Personal Property Tax? Yes No

**CITY OF WAUWATOSA
MESSAGE ESTABLISHMENT QUESTIONNAIRE**

DETAILED DESCRIPTION OF BUSINESS/SERVICES: _____

DETAILED DESCRIPTION OF FACILITIES: _____

List all partners, limited partners, corporate officers or limited liability company officers, their home address, phone number and date of birth:

| Name, Position | Home Address | Phone | Date of Birth |
|----------------|--------------|-------|---------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Has anyone names on this application been convicted of, paid a fine for, or received a citation for violating any federal, state or local laws or ordinances? Yes No If yes, explain: _____

Do any of the above persons hold office or stock in any other partnership, corporation, or limited liability company conducting a similar business in Wisconsin? Yes No If yes, explain: _____

Have you ever had a similar license revoked or suspended? Yes No If yes, give the reason and explain:

Please list the names, addresses and phone numbers of all persons who will be employed by you at this location:

| Name | Address | Phone |
|-------|---------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |