



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

Date \_\_\_\_\_

**MESSAGE TECHNICIAN LICENSE APPLICATION**

License year: July 1, 20\_\_ to June 30, 20\_\_

**\*A copy of your certificate of graduation/course completion from an accredited school of massage must be submitted with your application.**

**Please Print Clearly**

|  |                   |                             |               |
|--|-------------------|-----------------------------|---------------|
| Name (last, first, middle initial) _____ |                   | WI Driver's License # _____ |               |
| Address: _____                           |                   |                             |               |
| Phone: _____                             | Cell Phone: _____ | Fax _____                   | E-mail: _____ |

Date of Birth: \_\_\_\_\_ Have you been convicted of, paid a fine for, or received a citation for violating any laws other than traffic laws?  Yes  No If yes, explain: \_\_\_\_\_

Are there charges of any kind pending against you?  Yes  No If yes, explain: \_\_\_\_\_

Have you ever had a similar license/permit revoked, suspended or denied?  Yes  No If yes, explain: \_\_\_\_\_

Home Address(es) for the past 3 years if different than current address: \_\_\_\_\_

|  |            |               |  |
|--|------------|---------------|--|
| Name of Massage Establishment where you are employed _____ |            |               |  |
| Address: _____   |            |               |  |
| Phone _____  | Fax: _____ | E-mail: _____ |  |

List your employment for the past 3 years:

| <u>Employer</u> | <u>Dates (From/To)</u> | <u>Occupation</u> |
|-----------------|------------------------|-------------------|
| _____           | _____                  | _____             |
| _____           | _____                  | _____             |
| _____           | _____                  | _____             |

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

**FEE: \$ 70.00**

**01-311-4350-000**

Citations?  Yes  No