



## Village of West Milwaukee

4755 West Beloit Road  
West Milwaukee, WI 53214  
Phone (414) 645-1530  
general@westmilwaukee.gov

### **MESSAGE THERAPIST LICENSE APPLICATION**

#### **Section A**

- 1) Name: \_\_\_\_\_
- 2) Street Address: \_\_\_\_\_
- 3) City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- 4) Phone Number: \_\_\_\_\_
- 5) Date of Birth: \_\_\_\_\_
- 6) Drivers License: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
- 7) Email: \_\_\_\_\_
- 8) State of Wisconsin DSPS Massage Therapist License No.: \_\_\_\_\_

#### **Section B**

- 1) Massage establishment at which applicant intends to work:  
Name of Business: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_
  
- 2) Previous employment history as a massage therapist during the last five years:  

Business Name	Address	Dates of Employment
_____	_____	_____
_____	_____	_____

#### **Section C**

- 1) List all convictions of the applicant for any criminal violation, or violation of a local ordinance within 5 years of the application, except for minor traffic violations:  

Offense	Date and Place of Conviction	Sentence
_____	_____	_____
_____	_____	_____
  
- 2) Attestation (confirmation) that the applicant has not been convicted of an offense which substantially relates to the licensed activity involving the use of force and violence upon the person of another that amounts to a felony, an offense involving sexual misconduct, or an offense involving narcotics, drugs, controlled substances or weapons.
  
- 3) Applicant authorizes the Village, its agents and employees to seek information and conduct an investigation into the truth of the statements set forth in the application and the qualifications of the applicant for the license; and declares the information contained in the application is true and correct.

- 4) Applicant acknowledges receipt of the Village of West Milwaukee Municipal Code Chapter 18 Article XIV relating to Massage Therapists and agrees to comply with all of the provisions set forth in this section.

**Section D: Required Documentation**

- 1) Attach a copy of identification (State ID, State Driver's License, or other proof of identity with photo, name, and current address.)
- 2) Attach a recent photo at least 2 x 2 or larger.
- 3) You must provide a copy of your Massage Therapist License from the State of Wisconsin, Department of Safety and Professional Services

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State of Wisconsin  
County of Milwaukee

Personally came before me on \_\_\_\_\_  
The above named \_\_\_\_\_  
To me known to be the person(s) who executed the  
foregoing instrument and acknowledged the same.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name  
Notary Public, State of Wisconsin  
My commission is permanent or expires:

Permit Fee \$30.00+State Fee \$7.00=\$37.00    Date: \_\_\_\_\_    TR#: \_\_\_\_\_

Police Department Recommendation:    Approve     Deny   
By: \_\_\_\_\_    Date: \_\_\_\_\_  
Remarks: \_\_\_\_\_

Village Board Action:    Approve     Deny   
Date: \_\_\_\_\_    License #: \_\_\_\_\_