



CITY OF NEW BERLIN  
WAUKESHA, WISCONSIN  
**MESSAGE ESTABLISHMENT LICENSE APPLICATION**  
**\$150 fee (cash or check only)**

For the license period beginning: \_\_\_\_\_ ending: \_\_\_\_\_

Complete Sections 1 *or* 2. All applicants must complete Sections 3, 4 & 5.

1. Individual or Partnership: *(Each listed person must complete questionnaire as attached)*

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
_____	_____	_____
_____	_____	_____

2. Full Name of Corporation/Limited Liability Company: \_\_\_\_\_

Address of Corporation/Limited Liability Company (if different from licensed premises): \_\_\_\_\_

All officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:  
*(Each listed person must complete questionnaire as attached)*

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	_____	_____	_____
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	_____	_____	_____
Directors/Managers	_____	_____	_____

3. a. Trade Name \_\_\_\_\_ Business Phone Number \_\_\_\_\_

b. Address of Premises \_\_\_\_\_ Post Office & Zip Code \_\_\_\_\_

c. Number of Employees \_\_\_\_\_ Hours of Operation \_\_\_\_\_

d. Evidence of malpractice liability insurance coverage in an amount that is not less than \$1,000,000 per occurrence and \$1,000,000 for all occurrences in one year Yes \_\_\_\_\_ No \_\_\_\_\_ (Please include Insurance Certificate)

e. If applicant is a corporation, or limited liability company, a copy of its articles of incorporation and/or authorization to do business in the State of Wisconsin attached. Yes \_\_\_\_\_ No \_\_\_\_\_

f. Tax Identification Number \_\_\_\_\_

4. Landlord and/or Property Owner Information from which Massage Business will be conducted

Current Name	Address	Post Office & Zip Code	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____

5. Individual(s) who will be the businesses massage therapist(s) or who are sub lessees of the applicant (Please list all)

Current Name	Address	Post Office & Zip Code	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*\*The Massage Establishment Employee Form must be completed and submitted with this application.*

The applicant(s) states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to New Berlin Municipal Code Section 152-18 relating to Massage Establishments. By signature, authorization is granted to the City, 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 applicants(s) for the license.

**SUBSCRIBED AND SWORN TO BEFORE ME**

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Clerk/Notary Public)

My commission expires:\_\_\_\_\_

\_\_\_\_\_  
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

\_\_\_\_\_  
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

\_\_\_\_\_  
(Officer of Corporation/Member/Manager of LLC/Partner/Individual)

**QUESTIONNAIRE – NEW BERLIN MASSAGE ESTABLISHMENT LICENSE**  
*To be completed by every individual named on application as owner, partner, director or manager  
(Make copies as needed)*

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Any other Names used by applicant: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Proof that applicant is 18 years of age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

List your employment history for the past 3 years: \_\_\_\_\_  
\_\_\_\_\_

Has your massage establishment license ever been revoked or suspended?  Yes  No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

List all criminal or ordinance violation convictions in any state or federal court, or municipal court, except minor traffic violations: \_\_\_\_\_  
\_\_\_\_\_

*☞ I authorize the City, its agents and employees to seek information and conduct an investigation into the truth of the statements set forth in this questionnaire and the qualifications of the applicant for the license; and I declare the information contained in the application is true and correct.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**SUBSCRIBED AND SWORN TO BEFORE ME**

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_

My commission expires \_\_\_\_\_

