



License No. _____

**CITY OF NEW BERLIN
WAUKESHA, WISCONSIN
MESSAGE THERAPIST LICENSE
APPLICATION**

**You must hold a Massage Therapist License through the State of Wisconsin
Department of Safety and Professional Services**

SECTION A

1. Name: _____
2. Address: _____
3. Phone Number: _____ Email: _____
4. Signature: _____
5. State of WI DSPS Massage Therapist License No. _____
(please attach copy of license to this application)

SECTION B

I, the undersigned, hereby make application for a Massage Therapist License and submit the following information in support of such application:

1. Name: _____ Date of Birth: _____
 Other Names Used: _____ Social Security: _____
 Phone Number: _____ Email: _____
 Driver License No: _____ Expiration Date: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____

Previous employment history as a massage therapist during the last five years:

A complete statement of all convictions of the applicant for any criminal violation, or violation of a local ordinance within 10 years of the application, except minor traffic violations:

2. Evidence that the applicant is at least 18 years of age: *Attach copy of driver license or passport*
3. One (1) current photograph of the applicant.
4. Certificate 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.
5. Attestation 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.
6. *I authorize 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 applicant for the license; and I declare the information contained in the application is true and correct.*

Signed: _____ Date: _____

STATE OF WISCONSIN)
SS
WAUKESHA COUNTY)
Subscribed and sworn to before me
This _____ day of _____, 20__

(Notary Public)
My commission expires: _____

I acknowledge receipt of the [New Berlin Municipal Code Section 152-18](#) relating to Massage Therapists and agree to comply with all of the provisions set forth in this section.

Signed: _____ Date: _____