



**MASSAGE THERAPIST LICENSE
 APPLICATION**

For the license period July 1st, _____ to June 30, _____

Part A: Individual Information								
1. First Name			2. Last Name			3. M.I.		
4. Employment (Business Name)		5. Email		6. Phone				
7. Home Address								
8. City			9. State	10. Zip Code		11. Date of Birth		
12. Driver's License/State ID Number				13. State of WI DSPS Massage Therapist License No.				
Part B: Address History								
1. Do you currently reside in Wisconsin?							Yes	No
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?						Years	Months	
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.								
Previous Address 1			City		State	Zip Code		
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.								
State	County	State	County	State	County	State	County	
Part D: Criminal and Employment History								
1. Have you ever been convicted of any offenses for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances?							Yes	No
If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.								
Law/Ordinance Violated			Location			Conviction Date		
Penalty Imposed					Was sentence completed?			
					Yes			No
3. Previous employment history as a massage therapist during the last 5 years:								
Part E: Attestation								
READ CAREFULLY BEFORE SIGNING: I confirm that I have reviewed Section 152-18 of the New Berlin Municipal Code, which pertains to Massage Therapists. I agree to comply with all the provisions outlined in this section. Additionally, I authorize the city, its agents, and employees to verify the accuracy of the information provided in my application and assess my qualifications for the license. I declare that the information submitted in my application is true and accurate.								
Signature						Date		

**Please attach the following documents/items to
this application when submitted**

- *Evidence of the application being at least 18 years of age: (Ex. Drivers License, Passport)*
- *One current photograph of the applicant.*
- *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 calendar year.*