

Office of the City Clerk
 3805 S. Casper Dr.
 New Berlin, WI 53151
 Phone: (262) 786-8610
WWW.NEWBERLINWI.GOV



Total Fees Due: _____
 Cash or check only.

MESSAGE ESTABLISHMENT LICENSE APPLICATION
\$150 fee (cash or check only)

Part A: Massage Establishment Business Information			
1. Legal Business Name (individual name if sole proprietorship)			
2. Business Trade Name or DBA			
3. FEIN			
4. Entity Type (check one) <div style="display: flex; justify-content: space-around; font-weight: bold; font-size: small;"> Sole Proprietor Partnership Limited Liability Company Corporation </div>			
5. State of Organization	6. Date of Organization	7. Wisconsin DFI Registration Number	
8. Establishment Address			
9. City		10. State	Zip Code
11. County	12. Governing Municipality: City Town Village		
13. Premises Phone	14. Premises Email	15. Website	
16. Establishment Description - Describe the building & area where activities relating to the licensed activity of massage, and related records are kept. Describe all rooms within the building. Authorized massage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.			
17. Landlord/Property Owner Information (Name, Phone Number & Email)			
18. Street Address		19. State	Zip Code
Part B: Criminal History			
1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances?			Yes No
If yes, list the details of violation below. Attach additional sheets if necessary.			
Law/Ordinance Violated	Location	Trial Date	
Penalty Imposed		Was sentence completed?	Yes No
Law/Ordinance Violated	Location	Trial Date	
Penalty Imposed		Was sentence completed?	Yes No

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2. Are there any websites used to advertise the business, other than the website listed in Section A, Question 15? Yes No

If yes, please write down the website's address. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, employees, owners, or other related individuals or entities hold any interest in ownership or employment in other establishments conducting massages? Yes No

If yes, provide the name of the business/establishment and describe the nature of the interest.

4. Is the applicant business owned by another business entity? Yes No
 If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
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5. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Message Establishment Questionnaire for each person listed below.

Last Name	First Name	Title	Phone

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

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.

Last Name	First Name	M.I.
Title	Email	Phone
Signature		Date

Part E: For Clerk Use Only

Date Application Was Filed with Clerk	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	



MESSAGE ESTABLISHMENT LICENSE - QUESTIONNAIRE

Part A: Individual Information				
1. Last Name		2. First Name		3. M.I.
4. Relationship to Business (Title)		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. Driver's License/State ID State of Issuance	

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			
Previous Address 2		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 C: Criminal 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

Part E: Attestation	
READ CAREFULLY BEFORE SIGNING: 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.	
Signature	Date

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MESSAGE ESTABLISHMENT LICENSE - EMPLOYEE FORM

Therapist Name	State License?	State License Number
	Yes or No	
	Yes or No	