

Receipt # _____ Date to Council _____ Date Granted _____

\$175.00 Account No. 101.030.648 License No. _____ Expires **June 30,**
\$15.00 per applicant record check. Account No. 101.030.746

APPLICATION FOR CITY OF RACINE MASSAGE ESTABLISHMENT PERMIT

Are you applying as an: ___ Individual ___ Partnership ___ Corporation ___ Other (Specify): _____

- If applying as a partnership, corporation or limited liability corporation supply the information requested below for each partner, officer or member.

Individual/Partnership Business Name _____		
Name	Address	DOB
Individual Applicant _____		
Co-Applicant _____		

Corporation / LLC Business Name _____		
Name	Address	DOB
President/Member _____		
Vice President/Member _____		
Secretary/Member _____		
Treasurer/Member _____		
Director/Manager _____		

TRADE NAME _____

BUSINESS ADDRESS _____

BUSINESS PHONE _____ **HOME PHONE** _____

DESCRIPTION OF PREMISE TO BE LICENSED _____

- ATTACH PROOF THAT APPLICANT IS 18 YEARS OF AGE OR OLDER_____
- APPLICANT ACKNOWLEDGES THAT HE/SHE HAS READ AND IS FAMILIAR WITH CHAPTER 22, ARTICLE XXII OF THE RACINE MUNICIPAL CODE, INCLUDING SECTIONS 22-783 AND 22-788, PROVIDING FOR INSPECTION OF THE PREMISES BY CITY PERSONNEL; PERMISSION TO MAKE SUCH INSPECTION IS HEREBY GRANTED BY APPLICANT.

AUTHORIZED SIGNATURES (If sole owner, owner must sign. If partnership, all partners must sign. If corporation, two officers must sign.)

_____ Signature	_____ Print Name and Title
_____ Signature	_____ Print Name and Title
_____ Signature	_____ Print Name and Title
_____ Signature	_____ Print Name and Title

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public,

_____ County, WI My Commission Expires _____.