

Fee: \$175.00 Application
\$15.00 Record Check per person

Expires June 30, 20__

APPLICATION FOR CITY OF RACINE MASSAGE ESTABLISHMENT PERMIT

FEIN#: _____

Wisconsin Seller Permit #: _____

NAME OF PERSON IN CHARGE: _____

TRADE NAME: _____ PHONE: _____

ADDRESS OF BUSINESS: _____

Are you applying as an: ___Individual ___Partnership ___Corporation ___Other (Specify):_____

INDIVIDUAL OR PARTNERSHIP

Person's Name	Address & Home Phone Number	Date of Birth

Corporation / LLC Business Name _____

Title	Name	Address	Date of Birth
President			
Vice-President			
Secretary			
Treasurer			

Description of premise to be licensed: _____

Pending charges and/or convictions of crime or misdemeanor, excepting traffic: _____

Offense _____ Date of Conviction _____

Place of Conviction _____ Sentence _____

For any additional offense(s) or conviction(s), attach separate sheet.

APPLICANT'S BUSINESS, OCCUPATION OR EMPLOYMENT FOR PAST 3 YEARS:

<u>Nature of Business/</u> <u>Occupation/Employment</u>	<u>Dates</u>	<u>Name of</u> <u>Business</u>	<u>Address</u>

IF APPLICANT'S LICENSE, PERMIT OR CERTIFICATION FOR OPERATION OF ANY MASSAGE THERAPIST, MASSAGE ESTABLISHMENT OR SIMILAR BUSINESS AT ANY LOCATION HAS BEEN SUSPENDED, REVOKED OR RENEWAL DENIED, STATE:

Business Name and Address: _____

Reason for such action: _____

Applicant's business activity or occupation following such action: _____

NAME AND ADDRESS OF EACH MASSAGE THERAPIST WHO IS OR WHO IS PROPOSED TO BE EMPLOYED AT THE MASSAGE ESTABLISHMENT. For any additional therapist, attach separate sheet.

Name	Address	DOB	State of WI License No.

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