



**THE CITY OF
KENOSHA**
CHART A BETTER COURSE

**MESSAGE ESTABLISHMENT
CLK130 (rev. 10/19)
CITY ORDINANCE 13.125**

New Fee-
based on
effective month
Circle one:

January	\$100.00
February	\$92.00
March	\$83.00
April	\$75.00
May	\$67.00
June	\$58.00
July	\$50.00
August	\$42.00
September	\$33.00
October	\$25.00
November	\$17.00
December	\$8.00

OFFICE USE ONLY	
DATE FILED:	_____
INITIALS:	_____
ADVERSE: Yes No	
LP: _____	CC: _____
LETTER:	_____

Expires: December 31, _____

New

Renewal (Fee-\$100.00) must be filed more than 60 days prior to December 31, and is the sole responsibility of the applicant.

1. Applicant is: **Individual** (must be resident of city for 90 days) **Partnership** (both must be resident of city for 90 days)
 Limited Liability Company (application must be made by agent who is resident of city for 90 days)
 Corporation (application must be made by agent who is resident of city for 90 days)

2. Applicant name: _____ District #: _____ (business)
INDIVIDUAL, PARTNERSHIP, LLC OR CORPORATION NAME

3. Business name: _____ Business address: _____

4. All phone numbers of business _____ Email address: _____
(Correspondence Will Be Via Email If Address Is Given)

5. Attach a certificate of insurance in an amount of no less than One Million Dollars (\$1,000,000.00) in coverage for the business. Attached.

6. Individual/Partners/Agent* of a LLC or Corporation:

a) Full Name: _____ DOB: ____ / ____ / ____ Individual/Partner/Agent
(circle one)
 Address: _____ Phone: _____ Resident of the city for 90 days? Y/N
STREET CITY STATE ZIP

b) Full Name: _____ DOB: ____ / ____ / ____ Individual/Partner/Agent
(circle one)
 Address: _____ Phone: _____ Resident of the city for 90 days? Y/N
STREET CITY STATE ZIP

Each person listed in Question 6 above must complete page 3 & 4 - Individual/Partner/Agent report. Check if complete.

7. If applicant is a LLC or corporation, complete page 5 - Attachment A Officers/Directors/Stockholders List. Otherwise, skip to Question 8. Check if Attachment A is complete.

8. List all persons conducting massage or bodywork at the proposed business: **NOTE: if you are a massage or bodywork therapist, include yourself.**

a) Full Name: _____ Title: _____
 Address: _____ Phone: _____
STREET CITY STATE ZIP

Attach: Copy of Wisconsin massage therapist license. Two (2) photographs not more than thirty (30) days old.

b) Full Name: _____ Title: _____
 Address: _____ Phone: _____
STREET CITY STATE ZIP

Attach: Copy of Wisconsin massage therapist license. Two (2) photographs not more than thirty (30) days old.



**Message Establishment
Individual/Partner/Agent Report**

Last Name: _____ First Name: _____ MI: _____
 (NOTE: Name Must Appear Exactly As It Appears On Driver's License Or State ID)

Date of Birth: _____ Driver's License or State ID Number: _____
STATE NUMBER

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Home Address: _____
STREET CITY STATE ZIP

Phone: _____ Email: _____
 (If Provided, Correspondence Will Be Sent Via Email)

Have you resided in the City of Kenosha for more than ninety (90) days? Yes No

Attach:

- a. Proof of age Attached N/A for Renewal
- b. Full set of fingerprints Attached N/A for Renewal
- c. Two (2) 2" x 2" photographs not more than thirty (30) days old Attached

RECORD CHECK: Visit <http://www.kenoshajs.org/public-records/> if you need copies of records.
 If you have doubt as to whether to include certain information it is recommended that you do.
 If you are unsure, check with the clerk. **Do not attach copies of records. THE INFORMATION BELOW WILL BE VERIFIED.**

1. Have you ever received any **tickets** or been charged with any **traffic violations, ordinance violations, misdemeanors or felonies other than traffic offenses in any state**? Yes No If yes, provide: Charge, State, Date, Result (Include pending charges.) Example:

CHARGE	STATE	DATE	RESULT
Theft	Florida	5/22/2014	Dismissed
DUI	Wisconsin	2/10/2016	Pending

CHARGE	STATE	DATE	RESULT

2. Have you ever served or been sentenced to serve time in **jail or prison in any state**? Yes No
 If yes, provide: Charge, State, Date

CHARGE	STATE	DATE

Last Name _____ First Name _____ MI _____

3. Have you ever had a license similar to a massage establishment license **suspended** or **revoked** in any state?

Yes **No**

If yes, provide: Reason, Location, Date

REASON	LOCATION	DATE

4. Have you ever, while operating a business or engaged in a profession, been convicted of any charges involving unfair trade practices, unethical conduct, or discrimination in any state? **Yes** **No**

If yes, provide: Charge, State, Date, Result (Include pending charges.)

CHARGE	STATE	DATE	RESULT

5. List the name and address of all employers for which you have worked and/or businesses you have operated in the **past two (2) years**:

6. List your **two immediately previous** addresses and dates of residence at each.

READ CAREFULLY BEFORE SIGNING: I hereby certify that I am the applicant named in this application, and I have read and answered each and every question truly, correctly, and completely, under penalty of law for failure to do so.

Applicant Signature

Date



**Message Establishment
Attachment A**

OFFICERS, DIRECTORS AND STOCKHOLDERS LIST

Corporation or LLC Name: _____

1. Full Name: _____ Address: _____
STREET CITY STATE ZIP

Title and Extent of Ownership: _____

Does this person hold office or stock in any other corporation or LLC conducting a similar business in Wisconsin? _____

2. Full Name: _____ Address: _____
STREET CITY STATE ZIP

Title and Extent of Ownership: _____

Does this person hold office or stock in any other corporation or LLC conducting a similar business in Wisconsin? _____

3. Full Name: _____ Address: _____
STREET CITY STATE ZIP

Title and Extent of Ownership: _____

Does this person hold office or stock in any other corporation or LLC conducting a similar business in Wisconsin? _____

4. Full Name: _____ Address: _____
STREET CITY STATE ZIP

Title and Extent of Ownership: _____

Does this person hold office or stock in any other corporation or LLC conducting a similar business in Wisconsin? _____

5. Full Name: _____ Address: _____
STREET CITY STATE ZIP

Title and Extent of Ownership: _____

Does this person hold office or stock in any other corporation or LLC conducting a similar business in Wisconsin? _____

6. Full Name: _____ Address: _____
STREET CITY STATE ZIP

Title and Extent of Ownership: _____

Does this person hold office or stock in any other corporation or LLC conducting a similar business in Wisconsin? _____

7. Full Name: _____ Address: _____
STREET CITY STATE ZIP

Title and Extent of Ownership: _____

Does this person hold office or stock in any other corporation or LLC conducting a similar business in Wisconsin? _____

Date _____ Agent Signature _____