

CLK130 (rev. 10/19)

Expires: December 31, _____

CITY ORDINANCE 13.125

New Feebased 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 | | | | | |
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| DATE FILED: | | | | | |
| INITIALS: | | | | | |
| ADVERSE: Yes No | | | | | |
| LP: CC: | | | | | |
| LETTER: | | | | | |

| al (Fee-\$100.0 | 0) must be file | d more than 60 day | ys prior to | December | 31, and i | s the sole | responsibi | lity of the ap | plicant. |
|-----------------|---|--|--|---|---|--|--|--|---|
| d Liability C | ompany (app | lication must be ma | de by age | nt who is re | sident of | | | nt of city for | 90 days) |
| cant name: _ | INE | DIVIDUAL. PARTNERSH | IIP. LLC OR (| CORPORATIO | N NAME | | Dis | strict #: | (business) |
| | | | | | | | | | |
| iess name: _ | | | | Business | addres | S: | | | |
| one numbers | of business ₋ | | | | _ Email | address: | nce Will Be \ | Via Email If Ad | drace le Givan) |
| s. □ Attache | d. | | | nan One M | • | - | | | • |
| dual/Partners | s/Agent* of a | LLC or Corporati | on: | | | | | | |
| Name: | | | | | DOB: _ | 1 1 | Indiv | ridual/Partn | er/Agent |
| STREET | CITY | STATE | ZIP | _ Phone: . | | Resid | ent of the | city for 90 | |
| | | | | | DOB: _ | / / | Indiv | | • |
| STREET | CITY | STATE | ZIP | _ Phone: . | | Resid | ent of the | ` | , |
| rson listed in | Question 6 a | bove must comp | lete page | 3 & 4 - In | dividual | Partner/A | gent repo | ort. □ Check | c if complete. |
| | | | | achment A | Officers | /Directors | s/Stockho | olders List. | Otherwise, |
| | | | k at the p | roposed b | usiness | NOTE: | if you are | e a massa | ge or |
| Full Name: | | | | | | | Title: | | |
| Address: _ | | | | | | P | hone: | | |
| □ Copy of V | OTTLE ! | | | | | phs not n | nore than | thirty (30) | days old. |
| Full Name: | | | | | | | Title: | | |
| Address: _ | STREET | CITY | S. | TATE | ZIP | Pł | none: | | |
| | cant is: Inc d Liability C ration (applic cant name: less name: | cant is: Individual (must d Liability Company (apporation (application must be in cant name: | cant is: Individual (must be resident of city d Liability Company (application must be maration (application must be made by agent who cant name: INDIVIDUAL, PARTNERSH ress name: INDIVIDUAL, PARTNERSH ress name: INDIVIDUAL, PARTNERSH ress name: INDIVIDUAL, PARTNERSH ress name: INDIVIDUAL, PARTNERSH response of business Individual (partners) In | cant is: Individual (must be resident of city for 90 days of Liability Company (application must be made by age ration (application must be made by agent who is resident cant name: INDIVIDUAL, PARTNERSHIP, LLC OR dess name: Individual, Partnership, LLC OR Corporation: Individual, Partnership, LLC OR Corporation: Individual, Partnership, LLC OR Corporation: Individual, Partnership, LLC OR dess name: Individual, Partnership, LLC OR dess name: | Cant is: Individual (must be resident of city for 90 days) Part of Liability Company (application must be made by agent who is retration (application must be made by agent who is resident of city for 90 cant name: INDIVIDUAL, PARTNERSHIP, LLC OR CORPORATION | cant is: Individual (must be resident of city for 90 days) Partnership d Liability Company (application must be made by agent who is resident of city for 90 days) ration (application must be made by agent who is resident of city for 90 days) cant name: INDIVIDUAL, PARTNERSHIP, LLC OR CORPORATION NAME less name: Business addres Business addres Business addres Business addres Business addres Business addres City Ci | Cant is: □ Individual (must be resident of city for 90 days) □ Partnership (both must d Liability Company (application must be made by agent who is resident of city for 90 days) cant name: □ INDIVIDUAL PARTNERSHIP, LLC OR CORPORATION NAME Less name: □ Business address: □ Email address: □ Corresponde at a certificate of insurance in an amount of no less than One Million Dollars (\$1,0 corresponde at a certificate of insurance in an amount of no less than One Million Dollars (\$1,0 corresponde at a certificate of insurance in an amount of no less than One Million Dollars (\$1,0 corresponde at a certificate of insurance in an amount of no less than One Million Dollars (\$1,0 corresponde at a certificate of insurance in an amount of no less than One Million Dollars (\$1,0 corresponde at a certificate of insurance in an amount of no less than One Million Dollars (\$1,0 corresponde at a certificate of insurance in an amount of no less than One Million Dollars (\$1,0 corresponde at a certificate of insurance in an amount of no less than One Million Dollars (\$1,0 corresponde at a certificate of insurance in an amount of no less than One Million Dollars (\$1,0 corresponde at a certificate of insurance in an amount of no less than One Million Dollars (\$1,0 corresponde at a certificate of insurance in an amount of no less than One Million Dollars (\$1,0 corresponde Business address: □ Phone: □ Resident of a certificate of insurance in an amount of no less than One Million Dollars (\$1,0 corresponde Business address: □ Phone: □ Resident of a certificate of insurance in an amount of no less than One Million Dollars (\$1,0 corresponde Business address: □ Phone: □ Phone: □ Resident of a certificate of insurance in an amount of no less than One Million Dollars (\$1,0 corresponde Business address: □ Phone: □ Ph | Cant is: Individual (must be resident of city for 90 days) Partnership (both must be reside of Liability Company (application must be made by agent who is resident of city for 90 days) ration (application must be made by agent who is resident of city for 90 days) ration (application must be made by agent who is resident of city for 90 days) ration (application must be made by agent who is resident of city for 90 days) ration (application must be made by agent who is resident of city for 90 days) ration (application must be made by agent who is resident of city for 90 days) ration (application must be made by agent who is resident of city for 90 days) ration (application must be made by agent who is resident of city for 90 days) ration (application must be made by agent who is resident of city for 90 days) ration (application of city for 90 days) ration (application) ration (application) ration (application) ration (application) ration (application) ration (applic | pration (application must be made by agent who is resident of city for 90 days) cant name: INDIVIDUAL, PARTNERSHIP, LLC OR CORPORATION NAME |

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

| d) Full Name: | | Persons emp | ployed at the p | roposed business a | at the time of t | his application | on (continued): | |
|---|-------------------|---|--|---|---|--|--|---|
| Attach: Copy of Wisconsin massage therapist license. Two (2) photographs not more than thirty (30) days old. d) Full Name: | c) | Full Name: _ | | | | | Title: | |
| Attach: Copy of Wisconsin massage therapist license. Title: Phone: Title: Address: STREET CITY STATE 2PP Phone: Title: Address: STREET CITY STATE 2PP Phone: Attach: Copy of Wisconsin massage therapist license. Two (2) photographs not more than thirty (30) days old. Attach: Copy of Wisconsin massage therapist license. Two (2) photographs not more than thirty (30) days old. Attach a floor plan of the business which details the rooms in which massage or bodywork will be practiced, the ecception area, the restrooms, and any other areas accessible to customers. Attached N/A for Renewal 10. Prior to the opening of the business, the proposed premises must be in compliance with the Building Code & Fire Codes. Attach a certificate of compliance, or in the alternative, a bond assuring that any work required to be done to bring the premises into compliance prior to the opening of the business will be complete. Attached N/A for Renewal 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. If this application contains statements or information which is untrue, incorrect and/or incomplete in any material respect, it may be denied. If granted, this license expires December 31. I understand that it is my sole responsibility to reapply more than sixty (60) days prior to December 31. | | Address: | STREET | CITY | STATE | ZIP | Phone: | |
| Attach: Copy of Wisconsin massage therapist license. Two (2) photographs not more than thirty (30) days old. e) Full Name: | Attach | : □ Copy of \ | Wisconsin mas | sage therapist lice | nse. 🗆 Two (2 |) photograph | ns not more than t | hirty (30) days old. |
| Attach: Copy of Wisconsin massage therapist license. Two (2) photographs not more than thirty (30) days old. e) Full Name: | d) | Full Name: _ | | | | | Title: | |
| Attach: Gopy of Wisconsin massage therapist license. Two (2) photographs not more than thirty (30) days old. 9. Attach a floor plan of the business which details the rooms in which massage or bodywork will be practiced, the reception area, the restrooms, and any other areas accessible to customers. Attached N/A for Renewal 10. Prior to the opening of the business, the proposed premises must be in compliance with the Building Code & Fire Codes. Attach a certificate of compliance, or in the alternative, a bond assuring that any work required to be done to bring the premises into compliance prior to the opening of the business will be complete. Attached N/A for Renewal 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. If this application contains statements or information which is untrue, incorrect and/or incomplete in any material respect, it may be denied. If granted, this license expires December 31. I understand that it is my sole responsibility to reapply more than sixty (60) days prior to December 31. Individual/Partner/Agent Signature Date | | Address: | STREET | CITY | STATE | ZIP | Phone: | |
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| P. Attach a floor plan of the business which details the rooms in which massage or bodywork will be practiced, the reception area, the restrooms, and any other areas accessible to customers. Attached N/A for Renewal Prior to the opening of the business, the proposed premises must be in compliance with the Building Code & Fire Codes. Attach a certificate of compliance, or in the alternative, a bond assuring that any work required to be done to be oring the premises into compliance prior to the opening of the business will be complete. 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. If this application contains statements or information which is untrue, incorrect and/or incomplete in any material respect, it may be denied. If granted, this license expires December 31. I understand that it is my sole responsibility to reapply more than sixty (60) days prior to December 31. Individual/Partner/Agent Signature Date | Δttach | · □ Conv of \ | | | | | | |
| I have read and answered each and every question truly, correctly, and completely, under penalty of law for failure to do so. If this application contains statements or information which is untrue, incorrect and/or incomplete in any material respect, it may be denied. If granted, this license expires December 31. I understand that it is my sole responsibility to reapply more than sixty (60) days prior to December 31 Individual/Partner/Agent Signature Date | 10. Pri Codes. | ior to the oper Attach a cert | ning of the busi | ness, the proposed bliance, or in the alt | d premises mu ernative, a bo | st be in com | pliance with the B that any work requ | Building Code & Fire uired to be done to |
| | | I have read a failure to do incomplete in | and answered on so. If this applemental any material | each and every que ication contains sta respect, it may be | estion truly, co atements or inf denied. If gra | rrectly, and of formation whanted, this l | completely, under nich is untrue, inco license expires D | penalty of law for orrect and/or december 31. |
| Individual/Partner/Agent Signature Date | | Ir | ndividual/Partn | er/Agent Signature | | | Date | |
| | | Ir | ndividual/Partn | er/Agent Signature | | | Date | |

1.22 LICENSE/PERMIT APPLICATIONS - CODE OF GENERAL ORDINANCES

A. Prohibition

It shall be unlawful for any person, acting as an individual, a partner, a corporate officer, or an agent, to execute or file with any City Department, or to authorize any person to do so on their behalf, a license or permit application which is not true, correct and/or complete in all material respects and which was known by said person to be untrue, incorrect and/or incomplete. The term "in all material respects" shall mean with respect to some fact, which, if known to the granting authority, would be a basis or a consideration for license or permit denial.

B. Penalty

1) Any person violating Subsection A. above, shall, upon conviction thereof, be subject to a forfeiture not to exceed Five Hundred (\$500) Dollars, plus the payment of the costs of prosecution, and, in default of the timely payment thereof, shall be committed to the County Jail until such forfeiture has been paid, but not to exceed a period of thirty (30) days.

2) The license or permit granting authority may grant, but withhold the issuance of, any license or permit for a period not to exceed thirty (30) days from the date of granting under circumstances wherein an application is found by the granting authority to have violated Section A. above, and the applicant was provided with an opportunity to appear before the granting authority. The granting authority may also issue a written warning to the applicant which shall be made part of their license/permit record for two (2) consecutive license/permit years. Where such finding and penalty is made and imposed by other than the Common Council, applicant may, within ten (10) days of receipt of oral or written notice of the imposition of any such penalty, whichever is first, if both oral and written notice is provided, file a Notice of Appeal with the City Clerk and have such matter reviewed by the Common Council.

1.225 ADMINISTRATIVE CHARGE FOR PROCESSING LICENSE/PERMIT APPLICATIONS

The first Twenty-five (\$25) Dollars of the application fee for any License/Permit shall be retained by the City in the event of a License/Permit denial or the withdrawal of the application by applicant for administrative and processing costs, and the balance, if any, refunded to the applicant. Where the application fee is less than Twenty-five (\$25) Dollars, the entire application fee shall be retained by the City for administrative and processing costs.

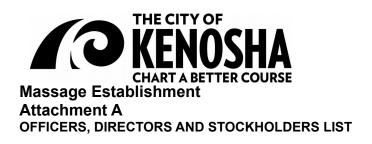
Massage Establishment Page 2



| Last Name: | (NOTE: Name Must Ap | First pear Exactly As | t Name: It Appears On Dr | iver's License Or | State ID) | MI: | |
|-----------------------|--|--------------------------|-----------------------------|--------------------------|---------------------|---------------------|--|
| Date of Birth: | Driver's Licens | se or State II | D Number: _ | | | | |
| | | | | | | JMBER | |
| Height: | Weight: | нап | Color: | | _ Eye Color: | | |
| Home Address: | STREET | | T) (| | 07175 | 710 | |
| | | | TY | | STATE | ZIP | |
| Phone: | :Email:(If Provided, Correspondence Will Be Sent Via | | | | | | |
| | in the City of Kenosha for m | | | | | . _ , | |
| • | | | | | | | |
| Attach: | - Attachad - | NI/A for Don. | | | | | |
| a | □ Attached □ | | | | | | |
| b. Full set of finger | prints □ Attached □ bhotographs not more than t | | | achod | | | |
| c. Iwo (2) 2 x 2 p | onolographs not more than t | illity (30) da | iys olu 🗆 Ati | lacrieu | | | |
| RECORD CHECK | : Visit http://www.kenoshajs. | org/public-re | cords/ if you | need copies o | f records. | | |
| If you have doubt a | as to whether to include certa | in informatio | n it is recomm | ended that yo | u do. | | |
| If you are unsure, o | check with the clerk. Do not a | <u>attach copies</u> | s of records. 1 | HE INFORMA | ATION BELOV | V WILL BE VERIFIE | |
| 4. П. | | | al | - 66 1 1 - 1 - 41 | | | |
| • | er received any tickets or b | _ | - | | | | |
| | s or felonies other than tra | | | | | | |
| Date, Result (I | nclude pending charges.) | Example: | CHARGE Theft | STATE Florida | 5/22/2014 | RESULT Dismissed | |
| | | | DUI | Wisconsin | 2/10/2016 | Pending | |
| | | | 201 | Wiscords. | 2/30/2030 | Percentig | |
| | CHARGE | STATE | | DATE | | RESULT | |
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| l | | | | | | | |
| | <u>er</u> served or been sentence Charge, State, Date | d to serve ti | me in jail or | prison <u>in an</u> y | <u>state</u> ? □ Ye | s 🗆 No | |
| 300, provide. | CHARGE | | | STATE | | DATE | |
| | - | | | | | | |
| | | | | | | | |
| | | | | | | | |

Massage Establishment Page 3

| Last Name | First Name | | MI |
|---|---------------------------|------------------------|-----------------------------------|
| 3. Have you <u>ever</u> had a license similar to a □ Yes □ No If yes, provide: Reason, Location, Date | massage establishment l | icense suspende | d or revoked in any state? |
| REASON | | LOCATION | DATE |
| | | | |
| | | | |
| 4. Have you <u>ever,</u> while operating a busines unfair trade practices, unethical conduct, or If yes, provide: Charge, State, Date, Result | discrimination in any sta | <u>te</u> ? □ Yes □ No | ed of any charges involvin |
| CHARGE | STATE | DATE | RESULT |
| | | | |
| 5. List the name and address of all employe the past two (2) years : | ers for which you have wo | orked and/or busine | esses you have operated i |
| 6. List your two immediately previous add | dresses and dates of resi | dence at each. | |
| | | | |
| READ CAREFULLY BEFORE SIGNING: I have read and answered each and every que do so. | | | |
| Applicant Signature | Date | | |



| Corporation of LLC Name: | | | | | |
|---|----------------------------|--------------|-----------------|----------------|--------|
| | | | | | |
| 1. Full Name: | Address: _ | STREET | CITY | 07175 | |
| Title and Extent of Ownership: | | | | STATE | ZIP |
| Does this person hold office or stock in an | y other corporation or LLC | conducting a | similar busines | s in Wisconsir | າ? |
| 2. Full Name: | Address: | | | | |
| Title and Extent of Ownership: | | | | STATE | ZIP |
| Does this person hold office or stock in an | | | | s in Wisconsir | າ? |
| 3. Full Name: | Address: | | | | |
| Title and Extent of Ownership: | | | | STATE | ZIP |
| Does this person hold office or stock in an | | | | s in Wisconsir | 1? |
| · | | · · | | | |
| 4. Full Name: | | | | STATE | ZIP |
| Title and Extent of Ownership: | | | | | |
| Does this person hold office or stock in an | • | _ | | s in Wisconsir | າ? |
| 5. Full Name: | Address: | STREET | CITY | STATE | ZIP |
| Title and Extent of Ownership | | | | | |
| Does this person hold office or stock in an | y other corporation or LLC | conducting a | similar busines | s in Wisconsir | າ? |
| 6. Full Name: | Address: | STREET | CITY | STATE | ZIP |
| Title and Extent of Ownership: | | | | SIRIE | ZIF |
| Does this person hold office or stock in an | y other corporation or LLC | conducting a | similar busines | s in Wisconsir | າ? |
| 7. Full Name: | Address: | CTREET | CITY | STATE | ZIP |
| Title and Extent of Ownership | | JINLLI | | SIAIE | ΔIF |
| Does this person hold office or stock in an | y other corporation or LLC | conducting a | similar busines | s in Wisconsir | າ? |
| Date | Agent Sign: | ature | | | |