



CITY OF JANESVILLE

Massage Establishment License Application (LT)

Licensing Period: July 1 through June 30

NEW

Fee: \$210.00

RENEWAL

City Code: 5.56

Required:

1. Police check and fingerprint.
2. WI physician statement certifying applicant is free of contagious, infectious, or communicable disease dated within 10 days of application.
3. Two recent ID sized photographs of applicant showing head and shoulders.
4. A copy of the diploma or other written proof of graduation from a school of massage.
5. Professional liability insurance (or bond), minimum coverage of \$100,000.00 to any one person or \$1,000,000.00 per incident.

City of Janesville ordinance 5.02 requires accounts with the City be current before a license can be issued.
 Fee is non-refundable.

Company Name: _____ Company Phone #: _____

Company Address: _____
 Street City State Zip

Applicants Name: _____ Applicants Phone #: _____
 First Middle Last

Applicants Address: _____
 Street City State Zip

Applicants Previous Address (If less than 3 years at present address):

 Street City State Zip

Required Identification Information:

Social Security Number: _____ Age: _____ Date of Birth: _____

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

Glasses/Contact Lenses: _____ Place of Birth: _____

Other Identifying Marks (i.e. birthmarks, scars, tattoos, moustache): _____

Have you ever had a massage or similar license revoked, suspended or denied? Yes _____ No _____

If yes, please list details: _____

Have you ever been arrested for any offense, including traffic violations? Yes _____ No _____

If yes, give nature of offense, penalty assessed and exact location of arresting agency: _____

