



City of **MENOMONIE**

clerk@menomonie-wi.gov

(715) 232-2221 Ext 1006

800 Wilson Avenue

Menomonie, WI 54751

Application Date: _____

Massage Therapy Facility License Application

License Expires June 30th, 20____

Full Name & Address of Applicant – individual, partnership, or corporation:

Name: _____

Street Address: _____

City: _____ Zip Code: _____

Date of Birth: _____ Phone #: _____

Email: _____

Business Street Address: _____

City: _____ Zip Code: _____

Description of business operation & facility: _____

Please list the information below for all officers, directors, and stockholders, if applicant is a corporation:

Name	Address	Date of Birth

Please list the information below for all partners, including limited partners, if applicant is a partnership:

Name	Address	Date of Birth

For all persons listed above, if less than one year at current address, please list previous address:

Please list business, occupation, and employment history for past two years of all persons listed:

Name	Business/Occupation/Employment History

Has the applicant or any person listed above ever been licensed to operate a massage therapy facility in this city or in another city or state? If so, give details as to when and where such license was issued: _____

Has any such license ever been suspended or revoked? If yes, give details: _____

Has the applicant or any person listed above ever been convicted of any crime in the past 5 years? If yes, give details: _____

I hereby authorize the Menomonie Police Department to furnish all information pertaining to my application for a massage therapy facility license to the licensing authorities of the City of Menomonie. This release is authorized with full understanding that the information will be safeguarded against unauthorized disclosure to any party not having a legitimate need for it in the property discharge of official business of the City of Menomonie.

I hereby release the City of Menomonie, its officers, and employees from any liability for damages that may result to me on account of compliance with this authorization.

Applicant Signature

Date

Fee: \$85.00 (\$75.00 License Fee + \$10.00 Investigation Fee)

Receipt: _____ Certificate of Insurance Filed: ☐ Yes ☐ No

Applicant must call the Menomonie Building Inspector at (715) 232-2241 for an inspection.

Date of Inspection: _____ Building Inspector Signature: _____