



# MASSAGE FACILITY LICENSE APPLICATION

**FEE: \$85.00**

**See Instructions on back of form**

**A. SOLE PROPRIETOR (ONLY) COMPLETE THIS SECTION**

Male <input type="checkbox"/> Female <input type="checkbox"/>	First Name	Middle Initial	Last Name
Home Address		City	State    Zip

\* Sole Proprietor must complete an Auxiliary Questionnaire

**B. PARTNERSHIP (ONLY) COMPLETE THIS SECTION**

FULL NAME OF EACH PARTNER

Male <input type="checkbox"/> Female <input type="checkbox"/>	First Name	Middle Initial	Last Name
Male <input type="checkbox"/> Female <input type="checkbox"/>	First Name	Middle Initial	Last Name

\* Each Partner must complete an Auxiliary Questionnaire

**C. CORPORATION or LIMITED LIABILITY (ONLY) COMPLETE THIS SECTION**

Registered Name of Corporation			
List all officers below (use additional paper if necessary)			
First Name	Middle Initial	Last Name	Title

\* Each Officer must complete an Auxiliary Questionnaire

**D. ALL APPLICANTS MUST COMPLETE THIS SECTION**

Business Trade Name		Business Phone	
Facility Address		City	Zip
Describe area where massage is given (How many rooms, size of rooms, etc.)			
Detailed description of nature and scope of proposed Massage Therapy business		Email address:	

**Continued on back of form**

- Submit form with attachments and payment to:**  
 Paperwork: [licensing@eauclairewi.gov](mailto:licensing@eauclairewi.gov)  
 Payment: [www.eauclairewi.gov/online](http://www.eauclairewi.gov/online)  
 Mail: City of EC, PO Box 909, EC, WI 54702  
 Phone: 715-839-4923 - payment  
 Dropbox: 203 S. Farwell St., EC, WI 54701

Tran Code: 1330 Fee: \$85.00  
Office use only

# MASSAGE FACILITY LICENSE APPLICATION (continued)

## APPLICANT'S STATEMENT

I hereby certify that the answers on this application are true and correct to the best of my knowledge. I agree, in the consideration of the granting of this license, to comply with the laws of the State of Wisconsin, and the provisions of the Municipal Code of Ordinances of the City of Eau Claire.

Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## INSTRUCTIONS FOR OBTAINING A MASSAGE FACILITY LICENSE

- Complete the Massage Facility License Application
- Complete the Auxiliary Questionnaire (each individual, partner, and company officer must complete a Questionnaire)
- Pay license fee. The license period is July 1 to June 30. Fees are not prorated and are non-refundable.
- Certificate of Liability Insurance, email [licensing@eauclairewi.gov](mailto:licensing@eauclairewi.gov).
  - o \$1,000,000 for any one person injured or killed
  - o \$1,000,000 for injury or destruction of property
- Review City of Eau Claire Ordinance 5.56 relating to Massage Therapy Facilities.
- Each Massage Therapist must be licensed** with the state of Wisconsin.
- A background check will be conducted by the Police Department. Upon approval from the Police Department, the original application will be returned to you. Inspectors from the three departments listed below will review the application to determine if an inspection would be required.
- Once the inspectors and the Police Department have completed the review/inspection a license will be issued if approved.

### REVIEW REQUIRED BEFORE LICENSE MAY BE ISSUED

All fees must be paid prior to scheduling the inspections. If an inspection is required contact the inspectors AT LEAST 3 DAYS IN ADVANCE.

Health Department 715-839-4718		Inspector's Signature	Date
Fire Department 715-839-4825		Inspector's Signature	Date
Building Inspections 715-839-4947		Inspector's Signature	Date



# MASSAGE FACILITY LICENSE APPLICANTS AUXILIARY QUESTIONNAIRE

**EACH PERSON LISTED ON THE MASSAGE FACILITY LICENSE APPLICATION MUST COMPLETE THIS FORM**

Drivers License or I.D.#		DL State	Date of Birth	Phone No. (    )    -	
Male <input type="checkbox"/>	First Name	Middle Initial	Last Name		
Female <input type="checkbox"/>					
Home Address			City	State	Zip
Mailing Address (if different from above)			City	State	Zip
Previous Address (1 yr prior to application date)			Name of Business where license will be used		

1. Have you **EVER** been convicted of a felony, criminal violation, misdemeanor, ordinance violation, or have you ever been convicted of violating any other Federal, State, or local laws or ordinances of any municipality?  
 \* If you answered YES you must fill out the back of this form  Yes  No
2. Have you **EVER** changed your name?  Yes  No  
 If yes, list other names you have had: \_\_\_\_\_
3. Are there any **CRIMINAL** charges **PRESENTLY PENDING** against you?  Yes  No  
 \* If you answered YES you must fill out the back of this form
4. How long have you continuously resided in Wisconsin prior to this date?  
 \_\_\_\_\_
5. Employment history for the past two years:  
 \_\_\_\_\_  
 \_\_\_\_\_
6. Has not had a massage therapy facility license, a massage therapist license or other similar license denied or revoked in the past 5 years?  YES  NO  
 \*If you answered YES, list the locations \_\_\_\_\_

PLEASE be advised that the Police Department will review the information on your application. Any information that is omitted, incomplete, or incorrect will likely cause the police department to reject your permit application.

APPLICANT'S STATEMENT

*I hereby certify that the answers on this application are true and correct to the best of my knowledge. I agree, in the consideration of the granting of this license, to comply with the laws of the State of Wisconsin, and the provisions of the Municipal Code of Ordinances of the City of Eau Claire.*

Signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**MASSAGE FACILITY LICENSE APPLICANTS  
AUXILIARY QUESTIONNAIRE (continued)**

**LIST ALL PAST VIOLATIONS**

Date \_\_\_ / \_\_\_ / \_\_\_ Nature of Offense \_\_\_\_\_

Date \_\_\_ / \_\_\_ / \_\_\_ Nature of Offense \_\_\_\_\_

Date \_\_\_ / \_\_\_ / \_\_\_ Nature of Offense \_\_\_\_\_

Date \_\_\_ / \_\_\_ / \_\_\_ Nature of Offense \_\_\_\_\_

Date \_\_\_ / \_\_\_ / \_\_\_ Nature of Offense \_\_\_\_\_

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Date \_\_\_ / \_\_\_ / \_\_\_ Nature of Offense \_\_\_\_\_

Date \_\_\_ / \_\_\_ / \_\_\_ Nature of Offense \_\_\_\_\_

**PENDING CHARGES**

Date \_\_\_ / \_\_\_ / \_\_\_ Nature of Charge \_\_\_\_\_

Date \_\_\_ / \_\_\_ / \_\_\_ Nature of Charge \_\_\_\_\_

Date \_\_\_ / \_\_\_ / \_\_\_ Nature of Charge \_\_\_\_\_

Date \_\_\_ / \_\_\_ / \_\_\_ Nature of Charge \_\_\_\_\_

Date \_\_\_ / \_\_\_ / \_\_\_ Nature of Charge \_\_\_\_\_