



CITY OF JANESVILLE

Massage Technician License Application (LU)

Licensing Period: July 1 through June 30

 NEW

Fee: \$87.00

 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: _____

List massage or similar business experience during the last five (5) years:

<u>Dates From/To</u>	<u>Type of Work</u>	<u>Employer's Name and Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional License Requirements

5.56.100 Licenses--Duties

Every person licensed under this chapter shall:

- A. Refrain from massaging or operating a massage parlor if such person contracts a contagious, infectious or communicable disease;
- B. Refrain from massaging any other person in a manner intended to arouse, appeal to or gratify lust, passion, sexual desires or prurient interests;
- C. Keep a record listing the name and complete address of each customer with the day and hour of treatment and name of the practitioner administering the massage;
- D. Refrain from massaging any customer in any room containing a one-way mirror;
- E. Refrain from massaging any patron exhibiting any skin fungus, skin infection, skin inflammation or skin eruptions;
- F. Report any change of fact, as required in the license form, to the City Clerk within ten (10) days after such changes;
- G. If a therapist, shall practice only on the premises of a licensed massage establishment, unless acting under the written prescription of a licensed physician, and shall keep such prescription on file for seven (7) years.

5.56.110 Inspection by Police

Every massage establishment shall permit inspections of the premises at any time during business hours or at other reasonable times upon reasonable notice by building inspectors, fire inspectors, health inspectors, or personnel of any law enforcement agency.

5.56.120 License--Display Required

Licenses granted under this chapter must be displayed where the customers can observe them on the licensed premises.

5.56.130 License--Transfer or Sale Prohibited

No establishment license or therapist license shall be transferred between locations or persons nor shall any massage establishment license be sold or subject to transfer of corporate assets or change of corporate officers or directors.

and the same are true to his/her knowledge and will faithfully perform the duties required as listed above.

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public, State of Wisconsin
My commission expires: _____

OFFICE USE ONLY: INVESTIGATION REPORT

Recommended for license: _____ Yes _____ No _____

Chief of Police (original and renewal) _____ Date

Reasons if not recommended for license: _____

Council Approval Required

License Number