

4. Applicant Employment Record for Last Five Years: Occupation, Employer and Dates _____

5. **PARTNERSHIP**

| Name (s) | Current & Previous Addresses For the Past 3 years | Phone Number | Birthdate |
|----------|--|-----------------|-----------|
|----------|--|-----------------|-----------|

6. **NAME OF CORPORATION** _____

Address _____ Zipcode _____

Date & Place of Incorporation _____

| Name (s) | Current & Previous Addresses For the Past 3 years | Phone Number | Birthdate | Drivers License # |
|----------|--|-----------------|-----------|----------------------|
|----------|--|-----------------|-----------|----------------------|

President _____

Vice President _____

Secretary _____

Treasurer _____

Agent _____

7. **LIST CURRENT LICENSES OR PERMITS IN OTHER CITIES/STATES** _____

HAS LICENSE EVER BEEN SUSPENDED OR REVOKED IN PAST 5 YEARS? ___ YES ___ NO

8. **PLEASE IDENTIFY YOUR CURRENT AND PROFESSIONAL LIABILITY INSURANCE CARRIERS.**

Name of Carrier (s) _____

Address _____ Phone Number _____

9. MASSAGE THERAPISTS WORKING IN YOUR ESTABLISHMENT MUST BE LISTED BELOW

Establishment Name _____

| NAME OF THERAPIST | HOME ADDRESS | WI STATE CERTIFICATE # |
|-------------------|--------------|------------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

10. The undersigned agrees to inform the Clerk-Treasurer's Office of the Village of Shorewood within ten days of any substantial changes in the information supplied in this application. The undersigned shall not willfully refuse to provide those services offered under this license or permit, or refuse to employ, or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; and not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.

The Undersigned understands that this application does not entitle the applicants to a license and that the granting of licenses is solely at the discretion of the Director of Public Health Services.

I have a knowledge of the Village Ordinances currently regulating the license applied for herein, and being duly sworn under oath, depose and say that I am the person named above and that all statements made in the foregoing application are true and correct.

NOTE: This license may be revoked or suspended for failure to comply with any Village of Shorewood requirements relating to massage establishments.

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ day of _____, 20 _____

(Individual/Corporate Agent/Partner)

Notary Public, State of Wisconsin

(If Partner, additional Partner)

My commission expires _____