



Massage Establishment Licensing Guidelines

The Town of Brookfield will only license a massage establishment. We do not license massage therapists. The owner (applicant) of the establishment must do the following:

- a) Read [Chapter 12.12](#) of the Town's Municipal Code.
- b) Fill out a Massage Establishment License Application.
- c) Provide photo ID.
- d) Provide proof of insurance.
(Evidence of malpractice liability insurance coverage in an amount that is not less than \$1,000,000 per occurrence and \$1,000,000 for all occurrences in one year)
- e) Provide a copy of their State of Wisconsin License.
- f) Each owner/applicant listed on the application must also complete an Auxiliary Massage Establishment License Application.
- g) Pay the \$150 establishment licensing fee to the Clerk's office with cash, check (payable to "Town of Brookfield") or credit card (additional 3rd party fee applies). The establishment license fee is for up to three therapists. There is a \$50.00 fee for each additional therapist.
- h) Undergo a background check (\$20/applicant) conducted by the Town of Brookfield (no fingerprinting).
- i) If this is a new establishment to the Town of Brookfield, contact the Development Services for permitting, inspection requirements, and fees.

Notes:

1. Each massage therapist MUST provide a copy of their State of Wisconsin License.
2. If a new massage therapist is replacing a terminated employee there is no additional fee (if they are filling a spot of the three allowed therapists) but they must provide a copy of their State of Wisconsin License to the Town Clerk at the time of hire.
3. If a new massage therapist is in addition to the three allowed therapists, there is a \$50.00 fee and they must provide a copy of their State of Wisconsin License to the Town Clerk at the time of hire.
4. Licenses must be displayed in the place of business.

Town of Brookfield
645 N. Janacek Road
Brookfield, WI 53045
(P) 262-796-3788
(F) 262-796-0339



An establishment owner (applicant) is responsible for verifying each massage therapist working for them is properly licensed and insured.

All the completed materials listed above must be returned in person to the Town Clerk at the Town Hall, 645 N. Janacek Road, Brookfield, WI 53045 during normal business hours.

APPLICATION FOR MASSAGE ESTABLISHMENT LICENSE

Town of Brookfield
Waukesha County
State of Wisconsin

INSTRUCTIONS AND STATEMENT OF RESPONSIBILITY: PLEASE PRINT NEATLY. ANSWER ALL QUESTIONS FULLY AND COMPLETELY. PROVIDING INACCURATE OR INCOMPLETE INFORMATION ON THIS APPLICATION WILL RESULT IN DENIAL.

Type of Business: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation or Limited Liability Corporation

Full Legal name of Business: _____ Telephone: _____

Corporate Address: _____
(Street Number) (City) (State) (Zip)

*****Each sole proprietor, partner (in a partnership), officer or shareholder of 7% or more (in a corporation or LLC) MUST complete an Auxiliary Application and submit it with this Establishment Application to the Town Clerk's Office at 645 N. Janacek Road.***

List the Full Name of **ALL** Applicants, **AND** attach Auxiliary Application for each applicant. Continue on back if necessary.

First Name:	Middle Name:	Last Name:	Title (Partner, Office, etc):

Trade Name of Business (d/b/a): _____

Business Telephone: _____ Business Tax ID No: _____

Brookfield Address: _____
(Street Number) (City) (State) (Zip)

Proposed Business Hours: _____ Proposed # of Employees: _____

Building Owner: _____ Owner Telephone: _____

Building Owner Address: _____
(Street Number) (City) (State) (Zip)

List **ALL** of the business' employees and/or subcontractors below, **AND** attach proof of age for each. Continue on back if necessary.

Position:	Employee Name:	Address:	Telephone:

Has business held a Massage License in Wisconsin within the last three years? Where? _____

Has business EVER been convicted of violating ANY license law or ordinance regulating massage therapy? If yes, explain below.

To the Town Clerk of the Town of Brookfield, Wisconsin:

I, the undersigned, do hereby make application to the Town Clerk's Office for a Massage Establishment License, subject to Wisconsin Statutes and Town of Brookfield Ordinances, from the date hereof until June 30 annually. I hereby certify and acknowledge that I have read Chapter 12.12 of the Town Municipal Code and all of the information provided on this application is true and correct.

Signature of Applicant(s): _____ Date: _____

FOR OFFICE USE ONLY					
New / Renewal	Application Fee Paid \$		Receipt No.		
Copy of State License: Y / N	Certificate(s) of Insurance attached: Y / N		Copy of Driver License: Y / N		
Background Check Conducted On		By			
Police Chief Recommendation:	APPROVAL	DENIAL	Initials: _____	Date: _____	
Fire Chief Recommendation:	APPROVAL	DENIAL	Initials: _____	Date: _____	
Building Inspector Recommendation:	APPROVAL	DENIAL	Initials: _____	Date: _____	
Town Clerk Approval:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____	License No. Issued: _____		

AUXILIARY APPLICATION FOR MASSAGE ESTABLISHMENT LICENSE

Town of Brookfield
Waukesha County
State of Wisconsin

INSTRUCTIONS AND STATEMENT OF RESPONSIBILITY: PLEASE PRINT NEATLY. ANSWER ALL QUESTIONS FULLY AND COMPLETELY. PROVIDING INACCURATE OR INCOMPLETE INFORMATION ON THIS APPLICATION WILL RESULT IN DENIAL.

Name of Massage Establishment: _____

*****Each sole proprietor, partner (in a partnership), officer or shareholder of 7% or more (in a corporation or LLC) MUST complete this Auxiliary Application and submit it with an Establishment Application to the Town Clerk's Office at 645 N. Janacek Road.***

Name of Applicant: _____
(First) (Middle) (Last)

Maiden / Previous Name or Alias: _____

Home Address: _____
(Street Number) (City) (State) (Zip)

Telephone: _____ Email: _____

Date of Birth: _____ Circle One: Male / Female

Driver License No.: _____ State: _____ Expiration: _____ ***MUST attach a copy**

State of Wisconsin Massage License Credential No.: _____ Expiration: _____ ***MUST attach a copy**

List all previous employers for the last three (3) years:

Position:	Business Name:	Address:	Telephone:

Please list any business-related license you have ever previously held:

License Type:	City, State:	Dates Held:	Violations, Suspensions, Revocations? Explain.

List **ALL** crimes, fines and/or ordinance violations (Federal, State or Local) **INCLUDING** traffic, underage alcohol or drug offenses. Include pending violations & any charges that may have been dismissed. Your answers and/or omissions will be checked and verified by the Town of Brookfield Police Department. **Failure to list all violations will result in denial of your application.**

Violation:	Where:	Date

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I, the undersigned, do hereby make application to the Town Clerk's Office for a Massage Establishment License, subject to Wisconsin Statutes and Town of Brookfield Ordinances, from the date hereof until June 30 annually. I hereby certify and acknowledge that I have read Chapter 12.12 of the Town Municipal Code and all of the information provided on this application is true and correct.

I authorize the Town of Brookfield, its agents and employees, to seek information and conduct an investigation into the truth of the statements set forth in this application and qualifications of the applicant for the license.

I declare under penalty of perjury and as by the applicant or its authorized agent that the information contained in this application is true and correct, said declaration being duly signed and dated.

Signature of Applicant

Date