CITY OF BROOKFIELD
GENERAL INFORMATION SHEET
FOR ANNUAL MASSAGE BUSINESS LICENSE

All questions **MUST** be answered truthfully. Read the questions carefully. The Brookfield Police Department performs a background check on all applicants. Your application may be denied for material misstatement in the license application.

Definitions and further details can be found within the attached Ordinance.

APPLICANTS

1. A properly completed and **NOTARIZED** renewal application shall be filed either by mail or in person at least forty-five (45) days prior to the date of expiration.
2. Your fully completed application must contain a written declaration by the applicant, under penalty of perjury, that the information contained in the application is true and correct, said declaration being duly dated, signed, and notarized.
3. $150 license fee for an individual applicant, a corporation with no more than three (3) shareholders, or an applicant with no more than three (3) named lessees. An additional fee of $50 per person shall be assessed for each additional shareholder and lessee over three (3).

Note: There is a $12 fee for a background check for each applicant, partner, member of the corporation or partnership, or officer for in-state background checks and $25.00 for each out-of-state background check. Section 3.24.050 (E)(F)

Checklist

a) A completed application, business plan of operation, business owner questionnaire, employee list, and notarized acknowledgement.
b) A copy of its articles of incorporation and/or authorization to do business in the State of Wisconsin.
c) Satisfactory of the applicant's ownership or right to possession of the premises where the massage therapy establishment will be operated for the duration of the license period. Example: Lease agreement.
d) The business tax identification number: _____
e) Evidence of current commercial liability insurance coverage in the name of the applicant for the licensed premises for personal injury, property damage, and professional liability in an amount that is not less than $1,000,000.00 per occurrence and $1,000,000.00 aggregate.
f) Completed questionnaire for each individual, partner, member, or corporate officer of the business entity. One blank copy of the questionnaire is included in this packet.
g) Completed questionnaire for each employee and licensed Massage Therapist along with a copy of the massage therapist's current WI Massage Therapist license. One blank copy of the questionnaire is included in this packet.
h) A picture of each therapist's face in color with their face fully visible, sized such that their head is between 50% and 69% of the image's total height from the bottom of the chin to the top of the head; at least 2x2 inches in size; taken in full-face view directly facing the camera; and taken within the past year. Pictures must be updated on an annual basis.
i) A copy of your most recent Driver License or WI ID Card.

CITY OF BROOKFIELD
2000 N. Calhoun Road
Brookfield, WI 53005

MASSAGE BUSINESS LICENSE APPLICATION

☐ **New Applicant** ☐ **Renewal**

FULL APPLICATION MUST BE COMPLETED

FEE: $150 fee plus $50 per person for each lessee over three (3). This must accompany the notarized application. Make check payable to the City of Brookfield. **Note: There is a $12 fee for an in-state background check and $25.00 for each out-of-state background check for each applicant, officer, partner, or member of the corporation/partnership listed on the application.** See Section 3.24.050(E)(F) of the Brookfield Municipal Code.

Name of Business _____

☐ Individual / Sole Proprietor ☐ Partnership / LLP ☐ Corporation / LLC

Trade Name of Business _____

Business Address _____

City/State/Zip _____ Phone _____

Premise Address where Massage performed at: _____

Email Address: _____

Agent Name: _____

Registered Agent of the Corporation:_____

PLAN OF OPERATION – MASSAGE THERAPY BUSINESS

Name of Business: _____

Trade Name of Business: _____

Address of Business: _____

Agent Name: _____

Is the business new to Brookfield? ☐ Yes ☐ No

Date business can be inspected: ☐ Ready now ☐ I will call for an inspection.

Number of employees including yourself: _____

Hours of daily operation: [Example – 8am to 5pm, Monday]

_____ Monday

_____ Tuesday

_____ Wednesday

_____ Thursday

_____ Friday

_____ Saturday

_____ Sunday

Number of customers expected on a daily basis: _____

Legal occupancy limit of the premises: _____

Include a floor plan labeled with the following:

1. premises dimensions (length x width)
2. total square feet of the premises
3. locations of all entrances and exits to the premises
4. the massage and any other procedure areas
5. the reception area
6. restrooms
7. the north point
8. the date

Applicant's signature_____

Print Name_____

Date: _____

QUESTIONNAIRE FOR BUSINESS OWNER(S)

All individual persons, partners of a partnership applicant, or any officer, member or director of a corporate applicant shall furnish, under oath as may be applicable, the following information (attach additional sheet(s) answering questions for each additional member, officer, partner, etc):

A) Name of Business Owner Applicant: _____

Title (individual, partner, officer, stockholder, etc): _____

Sex: Male ☐ Female ☐ Date of Birth _____

Driver's License _____

Phone Number _____ Email Address _____

List Address(es) lived for past three years _____

_____

B) Employment record for last three years - occupation, employer, dates (Attached additional sheets if necessary)

_____

_____

_____

C) In the past 5 years, have you been arrested, charged, cited, or convicted of any criminal or ordinance violations or adjudicated delinquent in any state, federal or municipal court, except for parking citations?
Yes ☐ No ☐

If yes, name the date of arrest and/or conviction, offense, and jurisdiction:

_____

_____

_____

I hereby empower an employee of the City of Brookfield Police Department or City Clerk's Office or other authorized representative bearing this release to, within one year of its date, obtain information and records pertaining to me from any source and to release said information to the city staff and officials involved in the review of this application. I hereby release any individual or institution, including its officers, employees, or related personnel, both individually, and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

Signature of Individual:_____Date:_____

QUESTIONNAIRE FOR EMPLOYEES OF MASSAGE BUSINESS

The application for a license to operate a massage business shall state the current name(s), current street address(es), and current telephone number(s) of all individuals who will be employed by the business.

Name of Employee ____
(First) (MI) (Last)

Street Address ____

City/State/Zip ____________________________ Phone ____________________

Sex: Male ☐____ Female ☐_______ Date of Birth ______________________________

Will you be working as professional massage therapist for the business? ☐ Yes ☐ No

If yes, you must be licensed by the State of Wisconsin as a Professional Massage Therapist

Required: **Attach a copy of your state massage therapist license**

Name of Employee ____
(First) (MI) (Last)

Street Address ____

City/State/Zip ____________________________ Phone ____________________

Sex: Male ☐____ Female ☐_______ Date of Birth ______________________________

Will you be working as professional massage therapist for the business? ☐ Yes ☐ No

If yes, you must be licensed by the State of Wisconsin as a Professional Massage Therapist

Required: **Attach a copy of your state massage therapist license**

Name of Employee ____
(First) (MI) (Last)

Street Address ____

City/State/Zip ____________________________ Phone ____________________

Sex: Male ☐____ Female ☐_______ Date of Birth ______________________________

Will you be working as professional massage therapist for the business? ☐ Yes ☐ No

If yes, you must be licensed by the State of Wisconsin as a Professional Massage Therapist

Required: **Attach a copy of your state massage therapist license**

Copy this page if you have more than three employees.

The undersigned massage business license applicant agrees to inform the City Clerk's Office within ten (10) days of any substantial changes in the information supplied in this application.

I hereby acknowledge I have read Chapter 5.18 of the City's Municipal Code as it relates to the regulating of the permit applied for herein.

A. I authorize the City, its agents, and employees, to obtain information and to conduct an investigation concerning the statements contained in the application and qualifications of the applicant for the license.
B. I declare under penalty of perjury and as by the applicant or its authorized agent that the information contained in the application is true and correct, said declaration being duly dated, signed, and notarized.
C. I understand that the Legislative and Licensing Committee shall review applications, plans of operation and the staff reports to determine whether to recommend granting, denying, or non-renewing the license. The Common Council shall approve or deny the application based on the Committee's recommendation for the license.

Notarized Signature of Applicant or Applicant's Agent.

_____

Signature

Subscribed and Sworn to before me this _____ day of _____ 20___.

_____

Notary Public, State of Wisconsin

My Commission expires: _____

Chapter 5.18
MASSAGE THERAPY ESTABLISHMENTS AND THERAPISTS

Sections:

5.18.010 Purpose.

This chapter is designed to regulate **massage** establishments, ensure that **massage** therapists are licensed through the state of Wisconsin, and ensure that the operation of the **massage** establishment protects the health, safety, and welfare of the public. This chapter is not intended to regulate the practice of **massage** therapy or bodywork therapy by a person who is validly licensed under Chapter 460, Wisconsin Statutes. (Ord. 2870-24 § 1, 2024)

5.18.020 Definitions.

“Adjunctive therapy” means the same as in Section 460.01(1g), Wisconsin Statutes, as amended.

“Client” means any person who enters into an oral or written agreement for **massage** therapy for a fee, income, or compensation of any kind.

“Licensee” means a person granted a license under this chapter.

“Manual action” means the same as in Section 460.01(3), Wisconsin Statutes, as amended.

“**Massage** establishment” means any place of business where any **massage** therapy is performed.

“**Massage** therapist” means someone who practices **massage** therapy.

“**Massage** therapy” or “bodywork therapy” means the same as in Section 460.01(4), Wisconsin Statutes, as amended.

“Sexual contact” means the same as in Section 939.22(34), Wisconsin Statutes, as amended.

“Sexual intercourse” means the same as in Section 948.01(7)(a), Wisconsin Statutes. (Ord. 2870-24 § 1, 2024)

5.18.030 License required.

A. No person may operate a **massage** establishment without a valid license issued under this chapter except for the following persons while performing **massage** therapy as part of the duties of their respective professions:

1. Physicians, osteopaths, chiropractors, chiropractic technicians, physical therapists, physicians' assistants, or nurses who are validly licensed under Chapter 441, 446, or 448, Wisconsin Statutes.

2. Barbers and cosmetologists who are validly licensed under Chapter 454, Wisconsin Statutes, and **massage** only the neck, face, scalp, hair, hands, and/or feet of their clients.

3. Coaches and trainers employed by accredited high schools, colleges, or amateur, semiprofessional or professional athletic teams.

4. Persons working within hospitals or licensed nursing homes who administer **massage** therapy under the direct supervision and control of the hospital or licensed nursing home administration. (Ord. 2870-24 § 1, 2024)

5.18.040 License application and plan of operation.

A. All new and renewal applications for a **massage** establishment license must be made in writing on forms supplied by the City Clerk's office and must include the following information:

1. Business name, trade name of the business, and address;

2. Agent's name for the license applicant, if any;

3. Regardless of whether the business is owned by an individual, partnership, or corporation: the name and current home address, addresses resided at in the past five years, date of birth, social security number, driver's license number, business or occupation for the three years preceding the date of application, current phone number, current email address, and the information required in Section 5.44.040(B) for each individual, partner, member or officer.

4. If the applicant is a corporation or partnership, the applicant's tax identification number, articles of incorporation, current street and mailing address, current telephone number, current email address of the corporation, and registered agent.

5. The full legal names, current home addresses, dates of birth, and current phone numbers of all persons employed by the applicant at the proposed establishment at the time of application, and for **massage** therapists, the state of Wisconsin license number.

6. Authorization for the City, its agents, and employees to seek information and conduct an investigation into the truth of the statements set forth in the application and the qualifications of the applicant for the license.

7. Written declaration by the applicant or its authorized agent, under penalty of perjury, that the information contained in the application is true and correct, with said declaration being dated, signed, and notarized.

B. A new or renewal application for a **massage** establishment license must be accompanied by the following documents:

1. A completed plan of operation on a form provided by the City. The plan of operation must include the planned hours of operation for the premises, the number of customers expected on a daily basis

at the premises, the legal occupancy limit of the premises, the number of employees planned for the premises, and a floor plan labeled with the premises dimensions (length × width), total square feet of the premises, locations of all entrances and exits to the premises, the **massage** and any other procedure areas, the reception area, restrooms, the north point, and the date.

2. A valid certificate of insurance, in the name of the applicant, for the licensed premises, that demonstrates a commercial liability insurance policy is in full force and effect with a company authorized to do business in this state in minimum amounts of $1,000,000.00 per occurrence and $1,000,000.00 aggregate for personal injury and property damage and a professional liability policy in the amount of $1,000,000.00.

3. Satisfactory proof of the applicant's ownership or right to possession of the premises where the **massage** therapy establishment will be operated for the duration of the license period.

4. The nonrefundable license fee as specified in Section 3.24.050(X), along with the appropriate fee amount for all background investigations.

C. Renewal applications must be filed at least 45 days prior to the current license's expiration date.

D. No application will be processed until all items required by this section have been submitted. (Ord. 2870-24 § 1, 2024)

5.18.050 Investigation.

A. The investigation of applicant's character and fitness for the licensed activity shall be as set forth in Section 5.44.040.

B. The City Clerk shall ensure that City staff conducts a background check for each complete new and renewal application and the Zoning and Building Administrator confirms that the operation of the **massage** establishment will conform to the building and zoning codes. The Clerk will forward a report on the applicant's character and fitness for the licensed activity and the Zoning and Building Administrator's opinion as to whether the operation of the **massage** business, as proposed by the applicant, would comply with building and zoning codes to the Legislative and Licensing Committee for review, along with the application. (Ord. 2870-24 § 1, 2024)

5.18.060 Granting of licenses.

A. The Legislative and Licensing Committee shall review applications, plans of operation and the staff reports to determine whether to recommend granting, denying, or nonrenewing the license. The Common Council shall approve or deny the application based on the Committee's recommendation for the license.

1. If the investigation under Section 5.18.050 reveals any circumstance listed in Section 5.44.040(D) or that the operation will violate the building or zoning codes, the City Clerk must schedule the applicant for an in-person character and fitness review with the Legislative and Licensing Committee which will be conducted as set forth in Section 5.44.040.

2. A new license may be granted if the applicant is in violation of Section 3.04.040, but the Clerk shall withhold issuance until the applicant has achieved compliance.

B. All licenses are valid for one year from the date of issuance.

C. No license may be transferred. (Ord. 2870-24 § 1, 2024)

5.18.070 Business operation and facility requirements.

A. The **massage** establishment license must be posted in a conspicuous place on the premises.

B. The licensee must notify the City Clerk in writing of any changes in the information contained in the application or the operation plan within 10 days, including employee information.

C. No licensee may operate if the insurance coverage required under this chapter has lapsed, expired, or been canceled, and proof of new insurance coverage has not been submitted to the Clerk.

D. The licensee, its employees, and **massage** therapists must refrain from having sexual contact or sexual intercourse with a client on the licensed premises.

E. No acts of prostitution may occur on the licensed premises.

F. The licensee or any of its employees may not solicit or advertise services that are in violation of this chapter.

G. The licensee must maintain on the premises a current employee list of all employees who work on the premises. The list must contain the employee's full legal name, home address, date of birth, telephone number, date of beginning and ending of employment (if applicable), and state of Wisconsin **massage** license number for all **massage** therapists.

H. The licensee shall not allow any person to perform **massage** therapy on the premises unless the person has a valid Wisconsin **massage** therapist license or is exempt from the provisions of this chapter or Section 460.03, Wisconsin Statutes.

I. The premises may not be open or operate for any purposes between the hours of 10:00 p.m. and 6:00 a.m.

J. The doors to the premises and to the individual **massage** therapy rooms may not be locked, blocked, or obstructed from either side during business hours.

K. The licensee must allow City of Brookfield police officers and building inspectors, without notice, to inspect the premises at any time during business hours.

L. The licensee must comply with local, state, or federal law.

M. The licensee must cooperate with the Police Department and any police investigations, including calling the police when a disturbance of the peace or other violation occurs on the licensed premises and providing complete and truthful responses to City staff and police officers when they inquire about items related to the licensed premises or business operations on the premises. A licensee must appear before the Legislative and Licensing Committee when requested to do so and must otherwise follow the lawful directives of the Legislative and Licensing Committee.

N. The licensee must not operate contrary to its approved plan of operation.

O. The licensee must post the current **massage** therapist licenses issued by the state of Wisconsin for each **massage** therapist who is employed on the licensed premises, along with a picture of the therapist's face, in a conspicuous place on the premises that is visible to patrons as they enter or exit. The picture of the therapist's face must be in color with their face fully visible, sized such that their head is between 50% and 69% of the image's total height from the bottom of the chin to the top of the head; at least two by two inches in size; taken in full-face view directly facing the camera; and taken within the past year. Pictures must be updated on an annual basis. (Ord. 2870-24 § 1, 2024)

5.18.080 Massage therapists.

No person may provide **massage** therapy, designate themselves as a **massage** therapist, or use or assume the title "**massage** therapist" or any other title that represents or implies that they are licensed under Chapter 460, Wisconsin Statutes, in the City of Brookfield unless the person holds a valid Wisconsin state license pursuant to Chapter 460, Wisconsin Statutes. (Ord. 2870-24 § 1, 2024)

5.18.090 Suspension, revocation, and nonrenewal.

A. The Common Council may suspend, revoke, or refuse to renew for cause any license issued under this chapter after notice to the licensee and hearing as set forth in Section 5.44.050. "Cause" shall occur in the following circumstances:

1. The making of any material false statement in any application for a license.

2. A violation of this chapter.

3. The licensed premises is operated in such a manner that it constitutes a public or private nuisance or that conduct on or emanating from the licensed premises has had a substantial adverse effect upon the health, safety, convenience, or prosperity of the immediate neighborhood.

4. The failure to pay any tax, assessment, or judgment owed to the City pursuant to Section 3.04.040. (Ord. 2870-24 § 1, 2024)

5.18.100 Penalty.

Any person, firm, partnership, or corporation who violates any part of this chapter shall be subject to the penalty and enforcement provisions in Chapter 1.12. (Ord. 2870-24 § 1, 2024)