

Village of Jackson
N168W20733 Main Street, P.O. Box 637
Jackson, WI 53037-0637
(262) 677-9001

Massage Establishment License Application

License fee: \$200.00 (Initial Application) and \$125.00 (Annual renewal)
License valid for 1 year – January through December

Name of Applicant: _____
(Include Middle Initial)

Applicant Address: _____

Applicant Phone # _____ Date of Birth _____

Social Security # _____ Driver's License # _____

Business Name _____

Business Address _____

Manager's Name _____

Manager's Date of Birth _____ Business Phone # _____

Hours of Operation _____

List others who will help _____

My signature certifies that all of my responses are true to the best of my knowledge. I understand that paid fees are non-refundable. Any false answers or omissions may result in denial of your application. I also authorize the Jackson Police Department to obtain criminal history and driver record data pertaining to me from any federal, state, and/or local agency deemed necessary by the department. This release is executed as part of my application and it's understood that any information collected shall be used only in consideration of my application.

Signature

Date

Conditional Use Permit in affect **Business Occupancy Permit**

Police Chief's Recommendation:

Approve Approve with Conditions- See attached Deny- See attached

Ryan Vossekui, Chief of Police

Date