



MESSAGE ESTABLISHMENT LICENSE SUPPLEMENTAL INFORMATION

Office of the City Clerk License Division
200 E. Wells St. Room 105, Milwaukee, WI 53202
(414) 286-2238 license@milwaukee.gov
www.milwaukee.gov/license

WHO NEEDS A LICENSE?

Any person or business that offers massages needs a Massage Establishment License.

Massage is the manipulation of the soft tissue of the body for therapeutic purposes and may include, but is not limited to, effleurage, petrissage, tapotement, compression, vibration, friction, stroking or kneading, either by hand or by a mechanical electrical apparatus. This may include the use of oil, salt glows, hot and cold packs, and other recognized forms of massage therapy.

EXCEPTIONS

- Any diagnosis, service, or procedure for which a license to practice medicine is required by law.
- Physicians, surgeons, chiropractors, osteopaths or physical therapists licensed or registered to practice their respective professions under the laws of the state of Wisconsin.
- Barbers and cosmetologists licensed under the laws of the state of Wisconsin provided that such massage practiced is limited to the head and scalp.
- Accredited high schools and colleges and coaches and trainers therein while acting within the scope of their employment.
- Trainers of any amateur, semi-professional athlete or athletic team.
- Organizations formed exclusively for the purpose of ballet performance and instruction which have received tax exempt status for the U.S. Internal Revenue Service.

LICENSE PERIOD

Licenses will expire 1 year from date of issuance

REGULATIONS

- Milwaukee Code of Ordinances 75-21
- www.milwaukee.gov/cityclerk/ordinances

SUBMIT THE APPLICATION

A complete application includes the following items:

- \$350 fee
- Business License Application (ccl-busapp)
- Business License Plan of Operation (busplan)
- Floor plan.
 - See sample plan and list of required items.
 - Must be on 8 ½ x 11 paper, does not need to be to scale, and can be handwritten.
- Certificate of Insurance (ccl-masscert) for General Liability & Property Damage Insurance in the sum of not less than \$25,000 per person, \$50,000 per accident, bodily injury liability or a combined single limit of not less than \$60,000 per occurrence.

An insurance policy shall continuously remain in effect for the duration of the license period. Failure to comply shall be grounds for suspension of the license.

REQUIREMENTS

- Fingerprinting / Background Check
- Contact District Alderperson
- Contact Neighborhood Services
- Register with DFI

See the Business License Information sheet for detailed instructions.

EXEMPTION: WI Seller's Permit not required.

ADDITIONAL REQUIREMENTS

- Health Department Approval

ADDITIONAL INFORMATION

Massage Therapists

Each massage therapist must obtain certification from the State of Wisconsin Department of Safety & Professional Services. (608) 266-2112 www.dsps.wi.gov



MESSAGE ESTABLISHMENT
CERTIFICATE OF INSURANCE

ccl-masscert 12/8/16

(Herein called Insurance Company)

Address _____
(Include city, state, zip)

Insurance Company's State of WI License # _____ (optional)

ISSUED TO THE CITY OF MILWAUKEE, 200 E. Wells St. Rm. 105, Milwaukee, WI 53202

The company hereby certifies that it has issued to:

NAME _____
Full Legal Name of Insured**

A general liability **POLICY NO** _____ **EFFECTIVE** _____ **20** _____
and **EXPIRING** _____, **20** _____, providing for limits of not less than \$25,000 per person,
\$50,000 per accident, bodily injury liability, or combined single limit of not less than \$60,000 per
occurrence; provided, however, that the insurance afforded is subject to the terms, conditions,
limitations, and exclusions of the policy.

Said policy provides that notwithstanding any other provision therein, 30 days written notice of
cancellation, material change, expiration, or intent not to renew will be given to the City Clerk of the
City of Milwaukee; otherwise such insurance as is afforded thereunder shall remain in full force and
effect.

Dated this _____ day of _____ 20 _____

Agent of Insurance Company:

Print Name _____

Signature _____

****NOTE:**

The Full Legal Name of Insured must be exactly the same as the Legal Entity holding the license.
The legal entity for a Sole Proprietor is the individual's name, for example: John J. Jones
Limited Liability Company names must include LLC, for example, ABC Massages, LLC
Corporation names usually include Corp. or Inc., for example XYZ Corporation

If the Full Legal Name of Insured is not correct, the certificate will be returned.
If a correct certificate is not received by the expiration date of the current policy, a \$25 reinstatement fee will be due.
See information sheet for complete requirements.

Office Use Only:

Initials _____ Date _____

Check <http://oci.wi.gov/> Scan/attach Enter in Insurance tab

Licensed Suspended? No Yes If Yes, \$25 reinstatement fee paid Reinstatement License Send Reinstatement Letter

Tattoo & Body Piercing and Massage Establishment Detailed Floor Plan Requirements

Please read all instructions before preparing the floor plan.

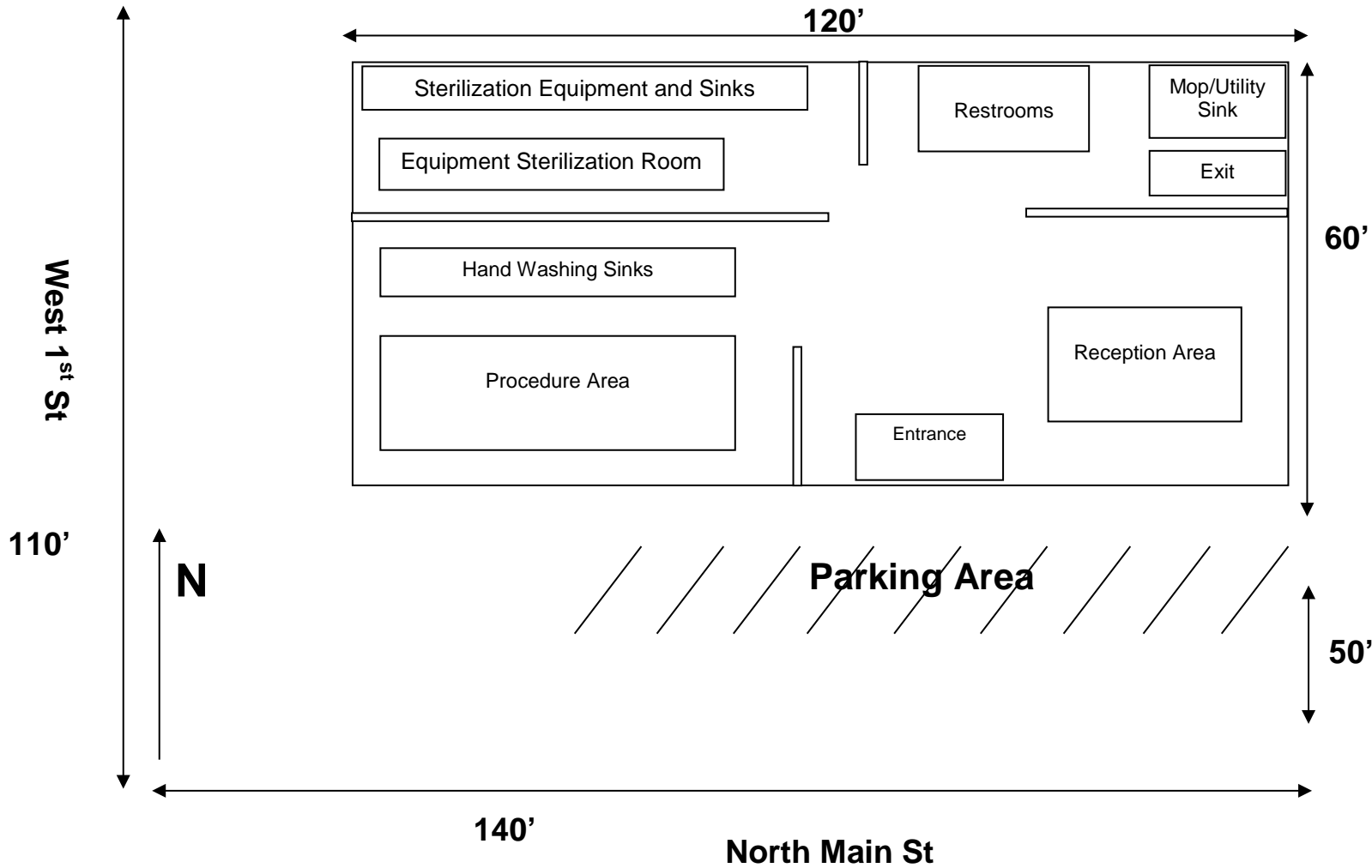
- A detailed floor plan must be submitted with this application.
- Any application submitted without the detailed floor plan (including all required items listed below) will be returned.
- Even if the premise has been previously licensed and a floor plan submitted, a new floor plan must be submitted with this application.
- The floor plan must be filed on 8 ½ x 11 inch size paper.
- Handwritten plans are acceptable.
- Plans do not need to be architectural drawings and need not be to scale.

ALL FLOOR PLAN MUST INCLUDE THE FOLLOWING:

1. Dimensions of the premises (length x width) and
 Total square feet of the premises
2. Label all entrances and exits
3. Show building/licensed premises in relation to surrounding streets and
 Provide street names
4. Label all parking areas on the premises (do not include street parking) This is required even if the parking is shared, for example, a strip mall and
 Provide the dimensions (length x width) of all parking areas on the premises. The parking area(s) should be marked on the floor plan for the first floor showing the relation to the building.
5. Label all procedure areas
6. Label all customer lounge/reception areas
7. Label all hand washing sinks
8. Label all restrooms
9. Label all mop sinks and utility sinks
10. Label equipment sterilization room with sinks and sterilization equipment
11. Mark the North point (N↑) on each page
12. Write the legal entity name (and agent's name if a corporation or LLC) on each page
13. Write the trade (business) name on each page
14. Write the premise address on each page
15. Write the date on each page

Floor Plan Sample:

Please see the Tattoo & Body Piercing and Massage Establishment Detailed Floor Plan Requirements for a list of all items that **must** be included.



Jane A. Doe, Agent for "ABC, LLC"
dba "Jane's"
123 S. Any Street
Date: June 1, 2015

Total
Square
Footage =
7200'