



Massage Technician License Application

Chapter 10, Article IV Village of Jackson Municipal Code

License Fee - \$35

Applicant must include a copy of their current WI driver's license or state issued ID.

APPLICANT INFORMATION

Full Name

Previous Name(s) Used

Address

Phone Number E-Mail

Date of Birth Social Security No.

Driver's License No. State of Issuance & Expiration Date

Place of Employment

APPLICANT'S ACKNOWLEDGEMENT Please read thoroughly before signing and dating.

- I hereby apply for a license for a massage technician, from the date the license is approved until December 31st of the licensing year applied for, unless sooner revoked, subject to limitations imposed by Wisconsin Statute and Village of Jackson Municipal Code, and all acts amendatory thereof and supplementary thereto.
- I am aware the application fee is non-refundable if the license is not granted and payment is due at the time of the application. I understand there is no proration of fee for a partial year.
- I hereby understand that this license is a privilege, not a right, and that the application must be filled out accurately, honestly, and completely. Failure to do so may result in the denial of this application.
- I authorize a review of, and full disclosure, of any and all records, files, and reports which include any police contacts and/or arrests.

Applicant Signature & Date



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CLERK - OFFICE USE ONLY

Date Received	<input type="text"/>	Date to Police Department for Background Check	<input type="text"/>
Payment Information	<input type="text"/>		
Approved/Denied	<input type="text"/>	Clerk Signature & Date	<input type="text"/>
License No.	<input type="text"/>	Expiration Date	<input type="text"/>

POLICE DEPARTMENT - OFFICE USE ONLY

Date Background Check Completed	<input type="text"/>	Approved/Denied	<input type="text"/>
Chief Signature & Date	<input type="text"/>		
Additional Comments	<input type="text"/>		
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			