|  |
| --- |
| ***Wis. Stat. s. 440.52* requires all private postsecondary schools, not otherwise exempt, to obtain approval from the Educational Approval Program (EAP) upon the addition of a teaching location. Complete and sign this form and submit all required attachments with the appropriate fees to the address above. The fee for each additional teaching location is $200.** |
| **I. GENERAL SCHOOL INFORMATION** |
| Name of School:HealthWalkToday Massage & Wellness Institute |
| Name of Location: Studio 45 | Address:19806 83rd Street |
| City:Bristol | State:WI | Zip Code: 53104 |
| **II. TEACHING LOCATION INFORMATION** |
| Describe the type of building where instruction will take place. Include the general purpose of the building (commercial, retail, hotel/motel) and list other tenants. State the approximate age and original purpose of the building. Describe any changes to the original building (additions, remodeling, etc.) and give the approximate completion dates:Salon/Spa, It was the Bristol Hair Shoppe for 5-10 years and now changed their name to Studio 45. No changes or remodeling to the building  |
| Specify room name(s) or number(s) the school will use. Large Massage Room |
| **III. REQUIRED DOCUMENTATION INFORMATION** |
| Attach the following to this document: 1. A copy of the Certificate of Occupancy, which your local unit of government issues for the space the school is using for instructional purposes; and

 2. A copy of the current Fire Inspection Report (inspected within the last six months with no violations or re-inspected within the last six months with previous violations now corrected).  |
| **IV. AUTHORIZATION AND CERTIFICATION** |
| ***I hereby certify that the information contained on this form and any attachments to the form is true and correct to the best of my knowledge.*** |
| Signature of Authorized School Official:  |
| Print or Type Name and Title of Authorized School Official:Priscilla Horswell | Date: 09/04/2024 |