



CITY OF SHOREWOOD

5755 Country Club Road • Shorewood, Minnesota 55331 • 952.960.7900

THERAPEUTIC MASSAGE LICENSE APPLICATION (pursuant to City Code Section 311)

Office Use:

License Year: _____ Date: _____
Application Fee*: \$150 Investigation Fee**: _____ Receipt # _____ Permit #: _____

Name: _____ Phone: _____

Birthdate: _____ Address: _____
mo/day/yr Street City

Site Address: _____ Email: _____
Street

Description of services you will provide: _____

Attachments Required:

- _____ Educational Requirements (initial application only)
_____ 500 hours coursework requirement (initial application only)
_____ Certificate of Insurance

Exceptions to License Requirements:

_____ Attach a copy of qualified state license

Fee: \$150*

Investigation Fee: _____ (initial application only)**

Term: Expires December 31 of each year. Renewal required annually.

Signature of Applicant Title Date

APPROVED:

Planning Director Date

Approved by City Council on _____
Date