



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*: \$50 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 (email items to cityhall@ci.shorewood.mn.us):
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: \$50*
Investigation Fee: _____ (initial application only)**
Term: Expires December 31 of each year. Renewal required annually.

Signature of Applicant Title Date

APPROVED:

Planning Director (initial) City Clerk (renewal) Date