



**MESSAGE THERAPY LICENSE APPLICATION**

January 1, 2\_\_\_\_ to December 31, 2\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

APPLICANTS NAME: \_\_\_\_\_

APPLICANTS DOB: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

Please provide the following documentation with your application.

- A medical certificate from a physician duly licensed to practice medicine in the State of Minnesota stating the applicant has no communicable disease.
- A diploma or certificate, of graduation from a school approved by the American Massage Therapist Association or similar reputable massage association; or;
- A diploma or certificate, of graduation from a school which is either accredited by a recognized education accrediting association or agency, or a licensed by the State or local government agency having jurisdiction over the school.
- Proof of a minimum of 100 hours successfully completed course work in the following areas:

- a. The theory and practice of massage, including, but not limited to, Swedish, Esalen, Shiatsu, and or Foot Reflexology techniques; and,
- b. Anatomy, including, but not limited to, skeletal and muscular structure and organ replacement; and,
- c. Hygiene.
- \$200.00 annual application fee

By signing below you are authorizing the City of St. Francis to verify any criminal or court records.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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For City Use Only

Date application received: \_\_\_\_\_

All required documents received: YES  NO

Receipt #: \_\_\_\_\_

License #: \_\_\_\_\_

Date of Council approval: \_\_\_\_\_