



CITY OF
CHANHASSEN

Massage Therapy
Business License

Application ___ of ___

Each representative of the business shall complete this application. If the owner is an individual, form must be completed by such person; if a corporation, by an officer; if a partnership, by one of the general partners; if an unincorporated association, by the manager or managing officer. Each person serving as a general manager for the business shall also complete an application.

Section 1: Applicant Information

Full Name: _____ DOB: _____
Last First Full Middle

Business Name: _____

Residence Address: _____
Street City State Zip

Business Address: _____
Street City State Zip

Phone: (____) _____ Alternate Phone: (____) _____

Fax: (____) _____ Email: _____

Please list any massage businesses owned/operated or worked at by this individual in the past seven (7) years:

Business Name: _____

Address: _____

Years Owned/Operated: _____ From: _____ / _____ To: _____ / _____
(circle one) Month Year Month Year

Please list any current massage business licenses held in the State of Minnesota:

City: _____ Business Name: _____

City: _____ Business Name: _____

City: _____ Business Name: _____

Please list any criminal convictions you have:

