



City of Coeur d'Alene
 Municipal Services
 710 Mullan Avenue
 Coeur d'Alene, Idaho 83814
 (208) 769-2229
 kathylew@cdaid.org

(Office Use Only)
 Amount Paid _____
 Receipt # _____
 Date _____
 License # _____
 Date Temporary Issued _____
 Date Perm License Issued _____
 By _____

Massage Therapy Facility License
Facility License \$50.00 Fee - Expires Annually on December 31st

Facility License covers the company only. Each person working as a massage therapist, whether owner or not, must obtain an individual therapist license to work within the City of Coeur d'Alene.

Complete portion below for MASSAGE FACILITY LICENSE
\$50.00 - Expires Annually on December 31st

Facility Name: _____ Phone Number: _____
 Physical Address: _____ City/State/Zip: _____
 Mailing Address: _____ City/State/Zip: _____
 Cell Phone: _____ E-Mail: _____
 Description of Premises: _____
 Name(s) of all persons holding an interest in the business, including all corporate stockholders (attach sheet if necessary):

 Home Address of All Owners (attach sheet if necessary): _____
 Date of Birth of All Owners: _____ Social Security Numbers of All Owners: _____

Complete portion below for INDIVIDUAL MASSAGE FACILITY OWNER

Name of Applicant: _____ Maiden Name: _____
 Position with Facility: Owner Manager Other (specify) _____
 Owner Physical Address: _____ City/State/Zip: _____
 Owner Mailing Address: _____ City/State/Zip: _____
 Home Phone: _____ Cell: _____ E-Mail: _____
 Work Phone: _____ Social Security Number: _____ Date of Birth: _____
 Hair Color: _____ Eye Color: _____ Height: _____ Weight: _____ Age: _____

For FACILITY LICENSE, for all persons, please complete the following

Previous addresses for past five years (attach sheet if necessary):

From To **From To**
 Prior employment for the past five years (also provide for all stockholders/owners – attach sheet if necessary):

From To **From To**

The applicant certifies that he/she is a citizen of the United States, over eighteen years of age, is of good repute, that the information supplied in this application is true to the best of his/her knowledge, that the applicant is qualified according to the Municipal code of the City of Coeur d'Alene, County of Kootenai, and the laws of the State of Idaho to receive a license.

 Applicant Signature Date

 City Clerk Date