



CITY OF **CHASKA**
1 City Hall Plaza
Chaska, MN 55318
(Phone) 952-448-9200 (Fax) 952-448-9300
www.chaskamn.gov

MESSAGE THERAPY REGISTRATION APPLICATION

Fee: \$150 Annually
New Applications Require an additional \$50 Background Investigation Fee

Applicant's Name: _____

Home Address: _____

City/State/Zip: _____

Phone Number: _____

Email: _____

Business Name: _____

Business Address: _____

City/State/Zip: _____

Business Phone Number: _____

REQUIRED DOCUMENTS (TO BE SUBMITTED WITH APPLICATION)

- Certificate of Completion of at least 400 Training Hours.
- Copy of Driver's License.
- Proof of Membership in a bodywork's association.
- Proof of Insurance Coverage (minimum \$1,000,000.00)

I have familiarized myself with the [Chaska City Code Chapter 5, Article 5.12, Sections 5.12.120 – 5.12.140](#) and subsequent ordinance amendments pertaining thereto and will abide by the provisions contained therein.

SIGNATURE OF APPLICANT

DATE OF APPLICATION

Please return completed form with permit fee of \$112 to Chaska City Hall. If application is approved, applicant may obtain permit from City Clerk at City Hall after noon on Tuesday, following City Council action at meeting on the 1st or 3rd Monday of the month. Proof of identification is needed to receive permit (a valid driver license or state ID). If application is not approved, applicant will be notified that permit will not be issued.

NOTE: *All permits expire on December 31 of the year applied for.*

