



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

(Office Use Only)  
 Amount Paid \_\_\_\_\_  
 Receipt # \_\_\_\_\_  
 Date \_\_\_\_\_  
 License # \_\_\_\_\_  
 Date Temporary Issued \_\_\_\_\_  
 Date Perm Lic Issued \_\_\_\_\_ by \_\_\_\_\_

## MESSAGE THERAPY FACILITY LICENSE NEW AND RENEWALS

**Facility License \$60.00 Fee (Check or Cash Only) –Expires Annually on December 31<sup>st</sup>**

Facility license covers the company only. An individual license may be obtained through the State of Idaho, Bureau of Occupational Licenses at 334-3233.

Name of Facility \_\_\_\_\_

Physical Address of Facility \_\_\_\_\_

Mailing Address of Facility \_\_\_\_\_

Telephone Number \_\_\_\_\_

Indicate type of business:

Sole Proprietor/Owner       Partnership       Corporation       Other \_\_\_\_\_

Please list the owners of the business (attach a separate sheet if needed):

Name _____	Phone Number _____
Title: _____	Date of Birth _____ Social Security # _____
Physical Address _____	
Mailing Address _____	

Name _____	Phone Number _____
Title: _____	Date of Birth _____ Social Security # _____
Physical Address _____	
Mailing Address _____	

Name _____	Phone Number _____
Title: _____	Date of Birth _____ Social Security # _____
Physical Address _____	
Mailing Address _____	

I HEREBY CERTIFY THAT THE INFORMATION LISTED ON THIS APPLICATION IS COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
 Authorized Signature

\_\_\_\_\_  
 Date

Approved       Denied

\_\_\_\_\_  
 City Clerk/Deputy City Clerk Signature

\_\_\_\_\_  
 Date