



# Massage Establishment License Application

The undersigned hereby makes application to operate as a Massage Establishment in the City of Leavenworth, Kansas under the provisions of the Code of Ordinances, Chapter 12 Businesses, Article VII

New \$300.00  Renewal \$150.00

## APPLICANT INFORMATION:

Applicant Full Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_ DOB (MM/DD/YYYY): \_\_\_\_\_

Applicant Residence Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## BUSINESS INFORMATION:

Legal Name of Business (include DBA if applicable): \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## MAILING ADDRESS:

Applicant  Business  Other: \_\_\_\_\_

Are all applicants and establishment representatives at least 18 years of age? Yes No

I operate a home-office massage business? Yes No

Have you ever had a massage therapist or establishment license revoked or suspended in the state of Kansas or another state under another name? Yes No

If yes explain: \_\_\_\_\_

Is this business a Corporation? Yes No

If yes, list stockholders holding more than 10% of stock in the corporation: *(include an additional sheet of paper if needed)*

1) Stockholder Name: (Last) \_\_\_\_\_ (First): \_\_\_\_\_ (MI) \_\_\_\_\_

Residence Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2) Stockholder Name: (Last) \_\_\_\_\_ (First): \_\_\_\_\_ (MI) \_\_\_\_\_

Residence Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

3) Stockholder Name: (Last) \_\_\_\_\_ (First): \_\_\_\_\_ (MI) \_\_\_\_\_

Residence Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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**EMPLOYMENT HISTORY:**

For three (3) years immediately prior to the date of this application, include additional sheet of paper if needed

1) Business Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Dates: from \_\_\_\_\_ to \_\_\_\_\_

2) Business Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Dates: from \_\_\_\_\_ to \_\_\_\_\_

3) Business Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Dates: from \_\_\_\_\_ to \_\_\_\_\_

**APPLICATION MUST INCLUDE THE FOLLOWING:**

- Copy of a valid government issued I.D.
- Valid email for background check

**NEW APPLICANTS:**

- Fingerprints
- I understand that an inspection of the business premise is required by the city health officer and by the building inspector. My business will also need to verify business signage and zoning compliance with the Community Development Department. \_\_\_\_\_ (initial)

**Office Use Only**

Date: \_\_\_\_\_

\_\_\_\_\_ Received By

\_\_\_\_\_ Copy of government I.D.

\_\_\_\_\_ Entered in Validity (check applicant email)

\_\_\_\_\_ Account Number

\_\_\_\_\_ License Number

\_\_\_\_\_ Bill Number **New Applicants Only**

\_\_\_\_\_ Fingerprints

\_\_\_\_\_ Health Inspector Approval

\_\_\_\_\_ Inspections Approval

\_\_\_\_\_ Community Development Approval

*Upon completion and payment of application, the applicant will be provided information for disclosure of any criminal convictions or diversion, except minor traffic violations, and full disclosure of the jurisdiction in which convicted or diverted and the offense for which convicted or diverted to a third-party provider to initiate a background check.*

**ACKNOWLEDGEMENT & SIGNATURE:**

I declare (or verify, certify or state) under penalty of perjury that the above information is true and correct to the best of my knowledge and belief and that any knowingly made false, misleading or fraudulent statement in this application or in any documents required by the City of Leavenworth, Kansas, in conjunction therewith will be grounds for rejection of this application, or grounds for the revocation or suspension of any license issued by the City of Leavenworth, Kansas, on the basis of such information. All applications shall be approved or disapproved within 45 days from the date filed with the City Clerk's office.

Further, I hereby authorize the City of Leavenworth, Kansas its agents and employees to obtain consumer reports, credit checks or such other background checks as may be permitted under applicable law, at any time after receipt of such authorization.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MESSAGE ESTABLISHMENT LICENSES EXPIRE DECEMBER 31<sup>ST</sup> OF EACH YEAR**

**Fees paid are not prorated, refundable or transferable**

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