



BUSINESS LICENSE DIVISION

Neighborhood Resource Center

Unified Government of Wyandotte County/ Kansas City, Kansas

4953 State Avenue, Kansas City, Kansas 66102

p. (913) 573-8780 | f. (913) 573-8622 | www.wycokck.org/businesslicense

MASSAGE THERAPIST LICENSE APPLICATION

FEE: \$40.00

All applicants must submit written proof of age, social security number, and a full set of fingerprint (New applicants).

Applying for Massage Therapist I (300 hours training) Massage Therapist II (500 hours training)

1. Name : _____
2. Address: _____

3. Phone Number: _____
4. Height _____
5. Weight: _____
6. Color of Eyes: _____
7. Color of Hair _____
8. Date of Birth: _____
9. Social Security # _____

Name and Address of Establishment where you are seeking employment:

New Hire Applications - Letter of intent to hire, listing specific position, function, or duties you are being hired to perform within such establishment.

Renewal Applications list specific position, function, duties you perform within such establishment: _____

List all businesses, occupations, or employment for the three (3) years immediately preceding the filing of this application. Show all periods of unemployment.

Prior Business/Employer	Address	Dates of Employment	Position/Duties
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Have you previously been issued a license or permit to operate as a massage therapist in a massage establishment, or has any such establishment employed you in this capacity?

YES NO If so, Where? _____.

When? _____.

How long were you employed? _____

Was such previous license or permit suspended or revoked? YES NO If so, why?

For how long? _____.

Was revoked or suspended license or permit reinstated? YES NO

Have you ever been convicted of a criminal offense (other than minor traffic offenses?)

YES NO.

If yes, list city, state, date of offense for which convicted and sentence imposed.

Please attach proof of education for Massage Therapist I or Massage Therapist II; include proof of certification in the American Red Cross First Aid and American Heart Association CPR or the equivalent.

I hereby certify 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 document required by the Unified Government of Wyandotte County/Kansas City Kansas, in conjunction therewith will be grounds for rejection of this application , or grounds for the revocation or suspension of any permit issued by the Unified Government of Wyandotte County/Kansas City, Kansas on the basis of such information.

Further, I hereby authorize the Unified Government of Wyandotte County/Kansas City Kansas, its agents and employees to seek any further information and conduct an Investigation into the truth of the statements set forth in the application and my qualifications for a permit covered by this application.

Signature

State of Kansas
County of Wyandotte

Subscribed to and sworn to before me this _____ day
of _____, 20_____

Notary Public