



## 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](http://www.wycokck.org/businesslicense)

NEW

RENEWAL

License No. \_\_\_\_\_

Tax Receipt # \_\_\_\_\_

Effective Date: \_\_\_\_\_, 20\_\_\_\_\_

Expiration Date: \_\_\_\_\_, 20\_\_\_\_\_

### MASSAGE THERAPY ESTABLISHMENT LICENSE APPLICATION

**FEE: \$250.00**

#### I. Business Establishment

**1. Date of**

**Application:** \_\_\_\_\_

**2. Name of Business or**

**Establishment:** \_\_\_\_\_

**3. Address of Business:**

\_\_\_\_\_  
\_\_\_\_\_

**4. Legal Description of Property where business is to be conducted:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**5. Name and Address of Owner of premises upon which establishment is to be located:**

\_\_\_\_\_  
\_\_\_\_\_

**6. Business premise Telephone**

**Number** \_\_\_\_\_

**7. Specific nature of business or services to be provided:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## II. Applicant(s) or Manager as Appropriate

All applicants must submit written proof of age, Social Security number, and two recent photographs at least 2"x 2", and a full set of fingerprints (New Applicants).

1. Applicant's Name \_\_\_\_\_
2. Home Address: \_\_\_\_\_
3. Home Telephone: \_\_\_\_\_ Driver's License# \_\_\_\_\_
4. Color of Eyes \_\_\_\_\_ Color Hair \_\_\_\_\_
5. Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_
6. Name, address, phone number, social security number, and date of birth of all owners (if other than Applicant) partners (if partnership), stockholders holding 10% or more of the stock of any corporation or manager if different from any of the foregoing: (Use additional sheet if necessary)

NAME	ADDRESS	PHONE NUMER	SS#	DATE OF BIRTH

7. For each applicant, all partners, or each stockholder holding more than 10% of the stock of the corporation, and manager of business list all business, occupation, or employment for the three (3) years immediately preceding the filing of this application. Show all periods of unemployment.

Previous Business or Employer Employment	Address	Dates of Activity

**8. Have you previously been issued a license or permit to operate a massage therapy establishment, or has any such establishment employed you?**

**YES**  **NO** If so, where? \_\_\_\_\_ . When? \_\_\_\_\_ how long was business operated? \_\_\_\_\_ was such previous license or permit suspended or revoked?  **YES**  **NO**

**If YES, why?**

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**For how long?** \_\_\_\_\_. **Was revoked or suspended license or permit reinstated?**  **YES**  **NO**

**9. Have you ever been convicted of a criminal offense (other than minor traffic offenses)?**  **YES**  **NO**. If yes, list city, state, and date of offense for which convicted and sentence imposed.

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**10. If applicant is a corporation or does not reside in Wyandotte County, list name, address, telephone number, date of birth, and social security number of resident agent who lives in Wyandotte County.**

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**11. Current Massage Therapists:**

Name

Date of Employment: (month/year)

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**12. Please read and sign the following. (All signatures must be notarized)**

**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, is 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 / Date**

**State of Kansas  
County of Wyandotte**

**Subscribed to and sworn to before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_\_.**

\_\_\_\_\_  
**Notary Public**

**My commission expires: \_\_\_\_\_ day of \_\_\_\_\_**

\_\_\_\_\_  
**Governing Body use only**

**Date submitted to Governing Body \_\_\_\_\_**

**Approved [ ] Rejected [ ] By \_\_\_\_\_  
Official Date**