



MESSAGE THERAPY LICENSE APPLICATION

APPLICATION TYPE:

- Massage Establishment License - New
(\$75/1st year/business + one therapist)
- Massage Establishment License – Renewal
(\$35/year/business + one therapist)
- Massage Therapist License - New
(\$75/1st year/therapist)
- Massage Therapist License - Renewal
(\$35/year/therapist)
- Manager, partner, stockholder, or other stakeholder

INSTRUCTIONS:

- Submit completed Massage Establishment, Off-Premises Massage Business, Massage Therapist License, or Manager Application.
- Application Fee
- Required upon Initial Application (not required for renewals, if no changes to status):
 - Certificate of Occupancy (Establishment/Business Licenses only) (if Massage Business is not home-based);
 - Written proof applicant and all managers are at least 18 years of age (copy of valid ID);
 - Kansas Certificate of Good Standing (for any business entity applicant);
 - Physical copy of applicant fingerprints are required to be submitted before license issuance (fingerprints may be taken at the Eudora Police Department for a fee);
 - If applying for a Massage Therapist License, diploma or certificate of graduation/completion showing the applicant has met the instruction and educational requirements for licensure.

SECTION 1: APPLICANT PERSONAL INFORMATION

Full Legal Name of Applicant

Other Names Used (Including Maiden Name)

Home Address

City

State

Zip Code

Applicant Phone Number

Applicant Email Address

Social Security Number

Date of Birth

State-Issued ID Number (Driver's License or Other)

State of Issuance

SECTION 4: MANAGER/PERSON IN CHARGE OF BUSINESS INFORMATION

[Skip if Application is for an Individual Massage Therapist License Only. NOTE: Each Manager/Supervisor of the Business must complete an Application]

Applicant is the manager/person in charge. There are no other managers.

Full Legal Name of Manager

Other Names Used (Including Maiden Name)

Home Address City State Zip Code

Manager Phone Number Manager Email Address

Social Security Number Date of Birth

State-Issued ID Number (Driver’s License or Other) State of Issuance

SECTION 5: BACKGROUND INFORMATION

[Must be Completed by all Applicants]

1. List all Employment held within the past three (3) years:

Dates of Employment	Employer Name	Employer Address	Name of Direct Supervisor	Employer Phone Number
From: To:				
From: To:				
From: To:				
From: To:				

[Attach additional information on a separate sheet of paper, if necessary.]

2. Have you been denied a massage therapist, massage establishment license, or similar license or permit within the last five (5) years, and have you any such license been revoked or suspended within the last five (5) years?

No Yes

If answer is "Yes", complete the following:

Type of License:

_____ Massage Establishment _____ Off-Premises Massage Business _____ Massage Therapist
_____ Manager License _____ Other

Name of Establishment/Business and Location (address) of License

Reason for Denial, Suspension, or Revocation

Date of Denial, Suspension, or Revocation: _____

[Attach additional information on a separate sheet of paper, if necessary.]

3. Have you previously been issued a license or permit for an adult entertainment business or business activity or escort service, or been employed by any such business or establishment?

No Yes

If answer is "Yes", complete the following:

Type of License/Permit

Issuing Jurisdiction

Date Issued

Status of License (Active, Revoked, Etc.)

Employer/Business Name and Address

Type of Work Performed

[Attach additional information on a separate sheet of paper, if necessary.]

4. Have you ever been convicted of any crime that includes:
- (A) A person felony, as defined by Kansas law;
 - (B) A non-person felony, as defined by Kansas law, in the ten (10) years preceding the date of this Application;
 - (C) Any offense involving sexual misconduct with children;
 - (D) Any offense under K.S.A. 21-5402, and amendments thereto, that is defined as an “inherently dangerous felony”.
 - (E) Any sex offense that falls under K.S.A. Chapter 21, Article 55, and amendments thereto; or
 - (F) Any offense as described in K.S.A. 59-29a02, and amendments thereto, that is identified as an act undertaken by a sexually violent predator?

No Yes

If answer is “Yes”, complete the following:

Date of Conviction	Charge	Jurisdiction	Sentence/ Penalty	Status of Case

NOTE: The above must be completed by each partner (including limited partners), each stockholder with more than 10% ownership, and each officer and each director, each LLC member with more than 10% ownership, and each LLC manager, and each Manager/Supervisor of the Business.]

[Attach additional information on a separate sheet of paper, if necessary.]

5. Have you ever been convicted of any other crime, not including minor traffic offenses (minor traffic offenses being offenses which are punishable only by a fine; traffic offenses that were actually punished only by a fine are not “minor” if they are punishable also by jail time).

No Yes

If answer is “Yes”, complete the following:

Date of Conviction	Charge	Jurisdiction	Sentence/ Penalty	Status of Case

PLEASE READ CAREFULLY

You (Applicant) are responsible for being familiar with and complying with the rules and regulations related to massage therapy and establishments at all times. By executing and submitting this Application, you acknowledge and agree that you have read and understand the City of Eudora Code requirements.

All licenses are valid from January 1 to December 31 of each calendar year.

I hereby certify that there are no willful misrepresentations in, or falsifications of, the above statements and answers to questions. I am aware that, should an investigation disclose any misrepresentations or falsifications, I will be disqualified from obtaining a license. I understand that I will be fingerprinted, my prints will be kept on file with this application, and they may be submitted to the Kansas Bureau of Investigation for a criminal history check. I also authorize my former employers to give any information regarding my employment, together with any information they may have regarding me, whether or not it is on their records. I hereby release them and their company for any damage whatsoever for issuing same.

Applicant Signature

Date

Applicant Printed Name

State of KANSAS
County of DOUGLAS

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

Notary Public Signature

My Commission Expires

Notary Public Printed Name

(seal)

FOR OFFICE USE ONLY:

Application Processing Components:

- Completed Application from all Required Persons (including owners and managers);
- Kansas Certificate of Good Standing (for business entities);
- Certificate of Occupancy (or application for same);
- Valid state-issued identification (also to confirm age requirements met);
- Physical copy of applicant fingerprints are required to be submitted before license issuance (fingerprints may be taken at the Eudora Police Department);
- If applying for a Massage Therapist License, diploma or certificate of graduation/completion showing the applicant has met the instruction and educational requirements for licensure;
- Zoning Approval;
- Evidence of Landlord approval of business use for massage purposes.
- Application fee(s)

ID Numbers:

- Massage Establishment License No.: _____ Expires: _____
- Off-Premises Massage Business License No.: _____ Expires: _____
- Massage Therapist License No.: _____ Expires: _____
- Manager License No.: _____ Expires: _____
- Renewal (insert applicable License No. by renewal type above): _____ Expires: _____

Background Check Completion:

- Background Check Successfully Completed on: _____
- Background Check Completed by: _____

Status of Application:

Approved
 Denied

Reason for Denial