

LICENSE TYPE: NEW  RENEWAL

Receipt No.

License Effective Date: (Valid for 12 Months from Date of Issuance)

From: \_\_\_\_\_ To: \_\_\_\_\_

CITY OF BONNER SPRINGS, KANSAS

**APPLICATION FOR IN OFFICE MASSAGE LICENSE**

**FEE: New \$200 Nonrefundable – Renewal \$150**

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: \_\_\_\_\_
8. Hours of Operation: \_\_\_\_\_

II. Applicant(s) or Manager as Appropriate

All applicants must submit written proof of age (copy of driver's license), two 2"x2" passport photographs, and a full set of fingerprints (new applicants).

1. Applicant's Name: \_\_\_\_\_
2. Date of Birth: \_\_\_\_\_
3. Home Address: \_\_\_\_\_
4. Home Telephone: \_\_\_\_\_
5. Driver's License No. \_\_\_\_\_
6. Color of eyes: \_\_\_\_\_
7. Height \_\_\_\_\_
8. Weight \_\_\_\_\_
9. Color of hair: \_\_\_\_\_

10. Name, address, phone, driver's license 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:

Name	Address	Phone	Driver's Lic. #	Date of Birth

(Use additional sheets if necessary)

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

Previous Business/Employer	Dates	Address	Position/duties

12. Have you previously been issued a license or permit to operate a massage therapy establishment, an adult entertainment business (as defined in this code) or escort service, or have you been employed by any such establishment?

Yes  No  If so,

Where? \_\_\_\_\_ When? \_\_\_\_\_

How long was business operated? \_\_\_\_\_

Was such previous license or permit suspended or revoked? Yes  No  If so, why? \_\_\_\_\_ How Long? \_\_\_\_\_

Was revoked or suspended license or permit reinstated? Yes  No

13. Have you ever been convicted of a criminal offense (other than minor traffic offenses)? Yes  No

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

14. 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 City of Bonner Springs, Kansas, in conjunction therewith will be grounds for the rejection of this application, or grounds for the revocation or suspension of any permit issued by the City of Bonner Springs, Kansas, on the basis of such information.

Further, I hereby authorize the City of Bonner Springs, Kansas, its agents and employees to seek any further information and conduct an investigation into the truth of the statements set forth in this 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

My commission expires: \_\_\_\_\_

Note: If applicant intends to provide in-office massage therapy or massage therapy, an application for a separate massage therapist license must be submitted and per Section 5-1008 shall only pay the business establishment license fee if that applicant is the only massage therapist on the premises.

A Special Use Permit recommended and approved through the Planning Commission is required for a Massage Therapy Establishment to operate in a private home/residence in R-1 and R-1A Zoning Districts.

pc: Building Official, Code Enforcement Officer, City Planner, Fire Chief, Police Chief

GOVERNING BODY USE ONLY:

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

Date Approved \_\_\_ Rejected \_\_\_ by Governing Body Date: \_\_\_\_\_

\_\_\_\_\_  
City Clerk

## **City of Bonner Springs, Kansas Authority to Release Information**

This authorization allows the City of Bonner Springs and/or its designated representatives to fully investigate any information pertaining to my **criminal conviction records and drivers license history**. The release of this information is for the official use of the Bonner Springs City Clerk's Office. This document also authorizes all individuals, partnerships, corporations, or other entities to release to the City of Bonner Springs and/ or its designated representatives, and all information, records or documents deemed by the City or its representatives to be necessary to complete its investigation. This authorization shall release the custodian of any records sought to be released pursuant to this document from any liability for damages of whatever kind, which may at any time be incurred by me, my family, heirs, associates or assigns because of compliance with this authorization.

Should there be any question as to the validity or intent of this authorization, you may contact me at the following address and telephone numbers:

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**Street Address** \_\_\_\_\_ **City, State, Zipcode** \_\_\_\_\_

\_\_\_\_\_  
**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

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**Driver License Number** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_ **Sex** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Ethnicity:** \_\_\_\_\_

**By signing this form, I agree to the release of information.**

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**Signature** \_\_\_\_\_ **Typed/Printed Name with Middle Initial** \_\_\_\_\_

\_\_\_\_\_  
**Date**