

LICENSE TYPE: NEW , RENEWAL

Massage Therapist License Effective (12 Months from Date of Issuance)

Receipt No. _____

From _____

To _____

CITY OF BONNER SPRINGS, KANSAS
APPLICATION FOR MASSAGE THERAPIST LICENSE

FEE: Nonrefundable - New \$125 Renewal \$75

Fee not required if Therapist is Sole Practitioner for Business Establishment License

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

1. NAME: _____
(first) (middle) (last)

2. ADDRESS: _____
(zip code)

3. Phone No. _____
(home) (business)

4. Weight _____

5. Height _____

6. Color of eyes _____

7. Color of hair _____

8. Birth Date _____

9. Name and Address of establishment where you plan to be employed:

10. Specific position, function or duties you are being hired to perform within such establishment:

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 Employer/Business	Dates	Address	Position/Duties

12. Have you ever previously been issued an employee's license or permit to perform massage therapy services in a massage establishment?
Yes , No . If so,
Where? _____ When? _____
How long did you have such license or permit? _____
Was such license or permit ever suspended or revoked? Yes , No . If so,
why? _____ How long? _____
Was it 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, date, offense for which convicted, and sentence imposed.

14. Include proof of education as provided for in Bonner Springs Municipal Code Section 5-1005 for Massage Therapist; include proof of certification in the American Red Cross First Aid and American Heart Association CPR or the equivalent.

15. 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 _____, _____.

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.

FOR CITY CLERK USE ONLY

Identification Card: Date Issued _____

Effective Dates: From _____ to _____

Approved By: _____ 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:

Street Address **City, State, Zipcode**

Home Phone **Work Phone**

Driver License Number **Social Security Number** **Sex**

Date of Birth: _____ **Ethnicity:** _____

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

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

Date