

Licenses Year _____
 Renewal _____ New _____

Invoice/Application No. _____
 Permit No. _____

CITY OF PRAIRIE VILLAGE - MASSAGE THERAPY BUSINESS APPLICATION
 LICENSING PERIOD - Expires one year from date of application

Please Note: To avoid the return of your application, please complete ALL information on BOTH SIDES.

BUSINESS AND APPLICANT INFORMATION

BUSINESS INFORMATION		APPLICANT INFORMATION	
Business Name:		First Name:	MI: Last Name:
Business Address:		Home Address:	
City/State/Zip:		City/State/Zip:	
Contact Person:		Date of Birth:	
Office Telephone:	Cell No:	Home Telephone:	Cell No:
Corporate Telephone:		Email Address:	

TYPE OF MESSAGE BUSINESS

<input type="checkbox"/> Message Home - Based Business	Exact Nature of Services:
<input type="checkbox"/> Message Administrative/Retail Business	

THREE YEARS OF EMPLOYMENT HISTORY - INCLUDING NON-MESSAGE EMPLOYMENT

BUSINESS NAME	ADDRESS/PHONE/CONTACT PERSON	POSITION	DATES (TO/FROM)

LICENSING AND CRIMINAL HISTORY

OTHER THAN YOUR CURRENT PRAIRIE VILLAGE BUSINESS, HAVE YOU EVER OPERATED A MESSAGE ESTABLISHMENT? <input type="checkbox"/> YES* <input type="checkbox"/> NO _____ <i>*If yes, when & where?</i>	HAS A LICENSE (OR APPLICATION) TO OPERATE A BUSINESS EVER BEEN SUSPENDED, REVOKED OR DENIED? <input type="checkbox"/> YES* <input type="checkbox"/> NO _____ <i>*If yes, when & where?</i>								
HAVE YOU EVER BEEN CONVICTED OF A CRIME, EXCEPT MINOR TRAFFIC VIOLATIONS? <input type="checkbox"/> YES* <input type="checkbox"/> NO <i>(If yes, list the following conviction information.)</i> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:20%;">DATE</th> <th style="width:30%;">CHARGE</th> <th style="width:30%;">NAME/LOCATION OF COURT</th> <th style="width:20%;">SENTENCE/FINE</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		DATE	CHARGE	NAME/LOCATION OF COURT	SENTENCE/FINE				
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PAYMENT

Application and fee payment should be returned to: City of Prairie Village Massage Therapy Permits 7700 Mission Road Prairie Village, KS 66208	Payment must be sent with application. Checks should be made payable to: City of Prairie Village
Payment Type: Cash _____ Check _____ VISA _____ Mastercard _____	AMOUNT DUE: \$ _____
Name on Card	Signature
Card Number	Expiration Date
The issuer of the card identified on this item is authorized to pay the amount shown as TOTAL upon proper presentation. I promise to pay such TOTAL (together with any other charges due thereon) subject to and in accordance with the agreement governing the use of such card.	

Office Use Only: Application: _____ License Issued: _____
 Date Received Amt Pd Ck/Cash/Card Processed By Date By

MESSAGE ADMINISTRATIVE/RETAIL BUSINESSES ONLY

1. Have you previously licensed at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No First date at this location:
2. Who owns the building in which you lease space?
3. What is the total square footage your business occupies? (attach copy of current lease - PAGE that shows square footage only)
4. How many people work at this location?
5. Are you or your business licensed in any other city or state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach copy of such documentation or certification
6. If you are required to collect state sales tax, attach a copy of your State Sales Tax ID#:

MESSAGE ADMINISTRATIVE/RETAIL BUSINESS STATEMENT

I declare under penalty of false statement that, to the best of my knowledge and belief, the statements made on this application are correct and true. I agree to comply with all local, State and Federal laws which govern business operations. I have reviewed the Prairie Village Municipal Code regarding commercial businesses and agree to comply with all regulations as set forth.

Applicant Signature:

Date:

MESSAGE HOME-BASED BUSINESSES ONLY

1. Do you rent or own the property? <input type="checkbox"/> RENT <input type="checkbox"/> OWN If RENTING, attach letter of consent from owner giving permission to operate a business out of your residence.
2. Are you or your business licensed in any other city or state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach copy of such documentation or certification
3. If renewal, has your area of occupation changed since you last submitted a floor plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, or if a NEW application, it will be necessary to submit a floor plan with your application.
By initialing the following statement, I declare them to be correct and true.
_____ I do not use more than 20% of the total dwelling unit floor area (not including the garage) for my home-based business.
_____ I do not have any employee other than immediate family working on the premises or being dispatched from my home.
_____ I do not conduct business on the patio or in the garage or other accessory building.
_____ Hours of operation fall between the hours of 7:00 am and 9:00 pm.
_____ I receive no more than 10 clients per day at my home.
_____ I do not advertise my business on the premises of my home.

MESSAGE HOME-BASED BUSINESS STATEMENT

I declare under penalty of false statement that, to the best of my knowledge and belief, the statements made on this application are correct and true. I agree to comply with all local, State and Federal laws which govern business operations. I have reviewed the Prairie Village Municipal Code regarding home occupation businesses and agree to comply with all regulations as set forth.

Applicant Signature:

Date:

APPLICANT STATEMENT

I agree to comply with all local, state and federal laws which govern massage therapy business. I have received and read a copy of the Prairie Village Municipal Code regarding massage therapy business and agree to comply with all regulations. I hereby authorize the City of Prairie Village, Kansas, its agents and employees, to seek information and conduct an investigation into the truth of the statements set forth in the application and the qualifications of the applicant for the license. I acknowledge that if any information provided is determined to be false or misleading, that alone shall be grounds for the denial, suspension, or revocation of the license.

Applicant Signature:

Date: