

License Year \_\_\_\_\_  
 \_\_\_ Renewal \_\_\_ New  
 Expiration Date \_\_\_\_\_

**Invoice/Application No.**  
**Permit No.**  
**Massage Business Permit No.**

**CITY OF PRAIRIE VILLAGE – MASSAGE THERAPIST APPLICATION**  
 LICENSING PERIOD – EXPIRES ONE YEAR FROM DATE OF ISSUE  
 MUST BE RENEWED ANNUALLY

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

Name:				
List any other last names you have used:				
Home Address:		City:	State:	Zip:
Home/Cell Phone Number:		Email Address:		
Date of Birth:		Social Security Number:		
Drivers License Number:		State Issuing:		
Height:	Weight:	Eye Color:	Hair Color:	Gender: M or F
Name and address of massage therapy school & date graduated: Provide certified copy of transcript that shows you are a graduate and that you graduated with 500 or more hours, or Certification from NCBTMB (National Certification Board for Therapeutic Massage and Bodywork)				
Position or function to be held – be specific:				

<b>BUSINESS INFORMATION</b>	
1. Have you ever had a Massage Therapist license or permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, please provide location (city & state) for each previous license or permit held and provide a copy of each current license:
2. Have you ever had a Massage Therapist License or permit denied, suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list location (city & state), whether denied, suspended or revoked, year of occurrence, and include brief explanation:
3. Have you ever been convicted, diverted, had a suspended imposition of a sentence, or other similar adjudication, of a criminal charge?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the charge(s), the jurisdiction in which the offense took place, the approximate date(s), the sentence or other penalty, if any, and the current status of the case:

<b>EMPLOYER'S BUSINESS INFORMATION</b>	
Name of Business:	Owner of Business:
Business Address:	
Business Phone Number:	Business Fax Number:

PROVIDE PREVIOUS THREE (3) YEARS OF EMPLOYMENT INFORMATION – INCLUDING NON-MASSAGE EMPLOYMENT				
DATES	EMPLOYER	EMPLOYER ADDRESS	DIRECT SUPERVISOR	SUPERVISORS' DIRECT PHONE #
From:      To:				
From:      To:				
From:      To:				
From:      To:				
From:      To:				

<b>BUSINESS LICENSING:</b>	
If you reside in Prairie Village, will you conduct any portion of this business including administrative from your home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you must also apply for a Massage Therapy Business License.	
Will you be conducting your business in an office building or storefront (Retail Establishment) in Prairie Village? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you must also apply for a Massage Therapy Business License.	
Business Phone Number:	Business Fax Number:

<b>STATEMENT:</b>	
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.	
<b>Applicant Signature:</b>	<b>Date:</b>

If you have any questions, please contact City Hall at 913/381-6464 and ask for Massage Therapy licensing staff.

PAYMENT		
Application and fee payment should be returned to: City of Prairie Village Massage Therapy Permits 7700 Mission Road Prairie Village, KS 66208		
<b>Payment Type:</b> Cash _____ Check _____      VISA _____ Mastercard _____	<b>AMOUNT DUE:</b>  \$	Payment must be sent with application. Checks should be made payable to: <b>City of Prairie Village</b>
<b>Name on Card</b>		
<b>Card Number</b>	<b>Signature</b>	
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.	<b>Expiration Date</b>	
<b>Office Use Only:</b> Application: _____      License Issued: _____		
Date Received	Amt Pd Ck/Cash/Card	Processed By
		Date
		By