City of Leawood, Kansas

APPLICATION FOR MASSAGE THERAPIST LICENSE

All applicants must submit written proof of age (such as driver's license) and two recent passport photographs at least 2" \times 2". All applicants will be fingerprinted at time of license application

1. NAME:(First)					
(First)	(Middle)	(1	Last)		
2. ADDRESS:	(City, State and Zip Code	<u> </u>			
3. Phone No	4. Weight: _	lbs.	5. Height: _	ft	inches
6. Eye Color:	7. Hair:	8.	Birth Date:		
9. Social Security #:	10	. Driver's License	e #:		
 Name and Address of establishme 	nt where you are seeking emplo	yment:			
s this a duly licensed Massage Establi	shment? Yes□, No□				
2. Specific position, function or dutie	es you are being hired to perform	n within such est	ahlishment:		
2. Specific position, function of dutie	es you are being inied to perion	ii witiiii sucii est	aonsiment.		
3. Are you a citizen of the United Sta If not, are you authorized to work	in the United States? Yes \square , N	_			
14. List all business, occupations, or e Show all periods of unemployment. (u			preceding the filing	or this a	іррисацоп.
Previous Employer Position or Bus	iness Dates Ad	ldress	Nature of D	ıties	
•					
15. Have you previously been issued a		-	age therapy services	in a ma	ssage
establishment? Yes \square , No \square If so,	please list where licensed and ti	me period:			
How long did you have such license or	permit?				
Was such license or permit ever suspen	nded or revoked? Yes 🗌, No 🗆]. If so, why?			

16. Have you ever been convicted of a criminal offense (other t If yes, list city, state, date, offense for which convicted and sent	
17. Do you currently meet the minimum education requiremen Yes □, No □	ts as set forth in Leawood Municipal Ordinance No. 1867C?
18. Provide proof of education including hours of coursework, and addresses of all educational institutions you have attended in the course of	areas of study, certifications, and curriculum transcripts. List names relative to massage therapy
10 Disease and and sing the fallenting (Cinnetum must be until	
19. Please read and sign the following. (Signature must be not	arized)
I certify that the above information is true and comisleading information in this application or in an shall be grounds for revocation or suspension of a Further, I hereby authorize the City of Leawood,	rrect to the best of my knowledge and that any false or ny document required by the City of Leawood, Kansas,
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