

16. Have you ever been convicted of a criminal offense (other than minor traffic violations)? Yes , No .
If yes, list city, state, date, offense for which convicted and sentenced:

17. Do you currently meet the minimum education requirements as set forth in Leawood Municipal Ordinance No. 1867C?
Yes , No

18. Provide proof of education including hours of coursework, areas of study, certifications, and curriculum transcripts. List names and addresses of all educational institutions you have attended relative to massage therapy

19. Please read and sign the following. (Signature must be notarized)

I certify that the above information is true and correct to the best of my knowledge and that any false or misleading information in this application or in any document required by the City of Leawood, Kansas, shall be grounds for revocation or suspension of any license issued by the City of Leawood, Kansas. Further, I hereby authorize the City of Leawood, Kansas, and its staff to conduct a thorough background investigation into the truth of the statements set forth in this application and my qualifications for a license covered by this application.

Signature: _____ Date: _____

Sworn to and subscribed before me this _____ day of _____, 20____.

State of Kansas
County of Johnson

Signature of Notary Public: _____

My Commission Expires: _____

Notary Seal