

City of Leawood, Kansas
APPLICATION FOR MASSAGE ESTABLISHMENT LICENSE

I. Business Establishment

1. Date of Application: _____
2. Name of Business or Establishment: _____
3. Address of Business: _____
4. Name and Address for Owner of Premises upon which establishment is to be located:

5. Business Premise Telephone Number: _____
6. Specific nature of business or services to be provided: _____

II. Applicant(s) or Manager

All applicants must submit written proof of age (such as copy of driver's license) and two 2"x2" passport photographs. All applicants will be fingerprinted at time of license application.

1. Name: _____
(First) (Middle) (Last)
2. Address: _____
(City, State and Zip Code)
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 #: _____

11. Are you a citizen of the United States? Yes , No

If not, are you authorized to work in the United States? Yes , No (Please provide documentation for this authorization.)

12. Name, address, phone number, driver's license number, social security number and date of birth of all owners (if other than applicant), partners (if partnership), stockholders holding 10% or more of the stock of any corporation or manager if different from any of the foregoing: (Use additional sheets if necessary.)

Name	Address	Phone #	Driver License #	Social Security #	Date of Birth

13. List all businesses owned, occupations, or employment for three (3) years immediately preceding the filing of this application. Show all periods of unemployment. (use additional paper if necessary)

Previous Employer	Position or Business	Dates	Address	Position

14. Have you previously been issued a license or permit to operate a massage therapy establishment, adult entertainment business or escort service? Yes No

If so, please list where licensed and time period:

How long was the business in operation? _____

Was such license or permit ever suspended or revoked? Yes , No . If so, why _____

How long? _____ Was it reinstated? Yes , No .

15. Have you ever been convicted of a criminal offense (other than minor traffic violations¹)? Yes , No .
If yes, list city, state, date, offense for which convicted and sentence imposed.

16. Has any owner, partner (if partnership), stockholder holding 10% or more of the stock of any corporation or manager ever been convicted, of a criminal offense? (other than minor traffic violations¹)? Yes , No .
If yes, list city, state, date, offense for which convicted and sentence imposed.

17. 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