



Massage Therapist License Application

The undersigned hereby makes application for a massage therapist license in the City of Leavenworth, Kansas under the provisions of the Code of Ordinances, Chapter 12 Businesses, Article VII

New \$50.00 Renewal \$50.00 Location Change (no charge) Owner as Therapist (no charge)

APPLICANT INFORMATION:

Applicant Name (Last): _____ (First): _____ (MI): _____
Residence Address: _____ City: _____ State: _____ Zip: _____
Daytime Phone: _____ Mobile Phone: _____ Email: _____
Date of Birth: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

BUSINESS INFORMATION:

I will be performing massage therapy at the following business location(s):

1) Business Name: _____ Business Address: _____
Contact Person: _____ Phone: _____
2) Business Name: _____ Business Address: _____
Contact Person: _____ Phone: _____

City code requires a Massage Therapist to notify the City of any change in employment within thirty (30) calendar days of the change to include a change in the therapist's employer or the addition or reduction of licensed establishments in which he or she performs massage therapy.

EMPLOYMENT HISTORY:

for three (3) years immediately prior to the date of this application: *(include additional sheet of paper if needed)*

1) Business Name: _____ Position Held: _____
Business Address: _____ City: _____ State: _____ Zip: _____
Supervisor's Name: _____ Business Phone: _____ Dates: _____
2) Business Name: _____ Position Held: _____
Business Address: _____ City: _____ State: _____ Zip: _____
Supervisor's Name: _____ Business Phone: _____ Dates: _____

I will be performing massage therapy in-clients' home Yes No

I will be performing massage therapy in-clients' office Yes No

• If performing massage therapy in-clients' home or office, you are required to maintain business records to include clients names, addresses, appointment dates and times. Prior to any service being provided the person requesting the service will be required to sign a form requesting the service. City issued identification badge must be worn conspicuously while conducting massage therapy off premise. No business shall be conducted between 12 a.m. - 6 a.m.

I am the owner of a massage establishment and will be performing massage therapy Yes No

• If yes, name of massage establishment: _____

I operate a home-office massage business Yes No

Have you ever had a massage therapist or establishment license revoked or suspended in the state of Kansas or another state under another name? Yes No

• If Yes, Explain: _____

EDUCATION REQUIREMENTS & INFORMATION:

The massage therapist license and educational requirements shall be as follows:

- Successful completion of a course of instruction of not less than 500 hours, in theory, method or practice of massage from one or more accredited schools. All practical and/or modality instruction must be completed as in-class/hands-on instruction, while theory instruction may be completed online.
- Proof of completion of education and training requirements must be by certified transcripts. The educational training requirements required by the Article may be received from more than one school. One (1) hour of instruction is defined as fifty minutes of actual instructional time.

Upon completion and payment of application, the applicant will be provided information for disclosure of any criminal convictions or diversion, except minor traffic violations, and full disclosure of the jurisdiction in which convicted or diverted and the offense for which convicted or diverted to a third-party provider to initiate a background check.

APPLICATION MUST INCLUDE THE FOLLOWING:

- Copy of a valid government issued I.D.
- Valid email for background check

NEW APPLICANTS ONLY:

- Fingerprints
- Proof of 500 education hours from a certified transcript

Date: _____ **Office Use Only**

_____ Received by

_____ Copy of government I.D.

_____ Portrait photo taken

_____ Entered in Validity (check applicant email)

_____ Account Number

_____ License Number

_____ Bill Number

New Applicants Only

_____ Certified transcript (500 credit hours)

_____ Fingerprints

ACKNOWLEDGEMENT & SIGNATURE:

I declare (or verify, certify or state) under penalty of perjury that the above information is true and correct to the best of my knowledge and belief and that any knowingly made false, misleading or fraudulent statement in this application or in any documents required by the City of Leavenworth, Kansas, in conjunction therewith will be grounds for rejection of this application, or grounds for the revocation or suspension of any license issued by the City of Leavenworth, Kansas, on the basis of such information. All applications shall be approved or disapproved within 21 days from the date filed with the City Clerk’s office.

Further, I hereby authorize the City of Leavenworth, Kansas its agents and employees to obtain consumer reports, credit checks or such other background checks as may be permitted under applicable law, at any time after receipt of such authorization.

Applicant Signature: _____ Date: _____

MASSAGE THERAPIST LICENSES EXPIRE DECEMBER 31ST OF EACH YEAR

Fees paid are not prorated, refundable or transferable

Office of the City Clerk • City of Leavenworth • 913-682-9201 • 100 N. 5th Street • Leavenworth, Kansas 66048