



CITY OF MERRIAM, KANSAS
APPLICATION FOR MASSAGE THERAPY ESTABLISHMENT BUSINESS LICENSE

LICENSE TYPE: NEW [] RENEWAL []
FEE: \$85 FINGERPRINT FEE: \$ 35 All fees are Non-refundable
Business Establishment

Date of Application: _____

Name of Business or Establishment: _____

Address of Business: _____ Business Phone Number: _____

Legal Description of Property where business is to be conducted: _____

Name and Address of Owner of Premises upon which establishment is to be located:

Specific nature of business or services to be provided: _____

Applicant(s) or Manager as Appropriate

All applicants must submit written proof of age (copy of driver's license), two 2"x2" passport photographs, and a full set of Fingerprints. (photographs and fingerprints will be produced by the Merriam Police Department)

Applicant or Manager Name: _____ Date of Birth: _____

Home Address: _____ Home Telephone: _____

Driver's License No. _____ Color of eyes: _____ Color of hair: _____

Name, address, phone, driver's license 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:

Table with 5 columns: Name, Address, Phone, Driver's Lic. #, Date of Birth

(Use additional sheets if necessary)

List all business, occupations, or employment for the three (3) years immediately preceding the filing of this application. Show all periods of unemployment.

Table with 4 columns: Previous Business Or Employer, Dates, Address, Position or duties

Have you previously been issued a license or permit to operate a massage therapy establishment, an adult entertainment business, or escort service, or have you been employed by any such establishment?

No Yes If yes, Where? _____ When? _____

How long was business operated? _____

Was such previous license or permit denied, suspended or revoked? No Yes

If yes, why? _____ How Long? _____

Was revoked or suspended license or permit reinstated? Yes No

Have you ever been convicted of a criminal offense (other than minor traffic offenses)? No Yes

If yes, list city, state, and date offense for which convicted and sentence imposed.

Will the applicant be conducting massage therapy? Yes No If yes, you must also obtain a Massage Therapist License.

Please read and sign the following. (All signatures must be notarized.)

I hereby certify 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 document required by the City of Merriam, Kansas, in conjunction therewith will be grounds for the rejection of this application, or grounds for the revocation or suspension of any permit issued by the City of m, Kansas, on the basis of such information.

Further, I hereby authorize the City of Merriam, Kansas, its agents and employees to seek any further information and conduct an investigation into the truth of the statements set forth in this application and my qualifications for a permit covered by this application.

Signature

STATE OF KANSAS
COUNTY OF JOHNSON

Subscribed to and sworn to before me this _____ day of _____, _____.

Notary Public

My commission expires: _____

FOR CITY STAFF USE ONLY- DO NOT WRITE IN THIS SPACE

Fingerprints: _____ Photographs: _____

Background: _____ Approved By: _____

Police Department: _____ Approve Deny

Comments: _____

Community Development: _____ Approve Deny

Comments: _____

Fire Department: _____ Approve Deny

Comments: _____

City Clerk: _____ Approve Deny

Comments: _____

License Number: _____

Date Issued: _____