



CITY OF MERRIAM, KANSAS
APPLICATION FOR MASSAGE THERAPIST LICENSE

Renewals submitted after March 1 will be considered a New application.

LICENSE TYPE: NEW [ ] RENEWAL [ ] HOME OCCUPATION [ ]

FEE: \$50 FINGERPRINT FEE: \$35 All fees are non-refundable

All applicants must submit written proof of age (copy of driver's license), two recent passport photographs at least 2" x 2", and a full set of fingerprints (new applicants).

Name: (first) (middle) (last)

Address: (zip code)

Phone No. (home) (business)

Weight Height Race

Color of eyes Color of hair Birth Date

Home Occupation Permit

Date of Conditional Use Permit granted by the Planning Commission:

Name and Address of establishment where you are seeking employment:

Verification of employment at the above establishment must be made by obtaining signature of Manager:

Manager name:

Signature of Manager Date

Specific position, function or duties you are being hired to perform within such establishment:

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

Table with 4 columns: Previous Employer of Business, Dates, Address, Position or Nature of Duties

Have you ever previously been issued an employee's license or permit to perform massage therapy services in a massage establishment?

Yes  , No  . If yes,

Where? \_\_\_\_\_ When? \_\_\_\_\_

How long did you have such license or permit? \_\_\_\_\_

Was such license or permit ever suspended or revoked? Yes  , No  .

If yes, why? \_\_\_\_\_ How long? \_\_\_\_\_

Was it reinstated? Yes  , No

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Include proof of education as provided for in Merriam Municipal Code 15-15 for Massage Therapist ; include proof of certification in the American Red Cross First Aid and American Heart Association CPR or the equivalent.

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 Merriam, 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 \_\_\_\_\_, \_\_\_\_\_.

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

**FOR POLICE DEPARTMENT USE ONLY**

Fingerprints: \_\_\_\_\_ Photographs: \_\_\_\_\_

Background: \_\_\_\_\_

Identification Card Date Issued: \_\_\_\_\_

Approved By: \_\_\_\_\_