



CITY OF MERRIAM, KANSAS
APPLICATION FOR MASSAGE THERAPIST LICENSE

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

All fees are non-refundable

LICENSE TYPE: NEW [] FEE \$80 RENEWAL [] FEE: \$55 HOME OCCUPATION [] FEE \$50
FINGERPRINT FEE: \$35

All applicants must submit written proof of age (copy of driver's license); photographs and fingerprints will be taken by the Merriam Police Department upon approval of the license.

Name: _____ (first) _____ (middle) _____ (last)

Address: _____ (zip code)

Phone No. _____ (home/cell) _____ (business) Email _____

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. Includes multiple horizontal lines for data entry.

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 14-176 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: _____