



Massage Therapist License Application

- New
 Renewal

SECTION 1 – APPLICANT AND EMPLOYER INFORMATION (APPLICANT)

A Massage Therapist License will only be issued to employees associated with a licensed massage establishment.

EMPLOYER INFORMATION	APPLICANT INFORMATION
Employer Name _____	First Name _____ MI _____ Last Name _____
Employer Address _____	Home Address _____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
Contact Person _____	Home Telephone _____
Office Telephone _____	24-Hour Emergency No. _____
24-Hour Emergency No. _____	Email Address _____
Fax No. _____	Weight _____ (lbs) Height _____ (ft.) _____ (in.) Sex _____
Email Address _____	Eye Color _____ Hair Color _____ Date of Birth ____/____/____

SECTION 2 – TYPE OF MASSAGE SERVICES TO BE OFFERED (APPLICANT) (check all that apply)

<input type="checkbox"/> IN-OFFICE MASSAGE THERAPY <input type="checkbox"/> IN-HOME MASSAGE THERAPY	EXACT POSITION TO BE PERFORMED FOR EMPLOYER _____
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SECTION 3 – THREE YEARS EMPLOYMENT HISTORY (APPLICANT)

NAME	ADDRESS/PHONE NUMBER/CONTACT PERSON	POSITION	DATES (TO/FROM)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION 4 – EDUCATION VERIFICATION (APPLICANT)

SCHOOL ATTENDED	DATES	HOURS COMPLETED	GRADUATED	SCHOOL CONTACT	APPLICANT INITIAL
_____	_____	_____	<input type="radio"/> YES <input type="radio"/> NO	NAME: _____ PHONE #: _____	_____

SECTION 5 – LICENSING AND CRIMINAL HISTORY (APPLICANT)

HAVE YOU EVER HELD A MASSAGE THERAPIST LICENSE IN ANOTHER MUNICIPALITY? <input type="radio"/> YES* <input type="radio"/> NO _____ <i>*If yes, when & where?</i>	HAS A LICENSE (OR APPLICANT) TO PRACTICE MASSAGE THERAPY EVER BEEN SUSPENDED, REVOKED, OR DENIED? <input type="radio"/> YES* <input type="radio"/> NO _____ <i>*If yes, when & where?</i>		
HAVE YOU EVER BEEN CONVICTED OF A CRIME, EXCEPT MINOR TRAFFIC VIOLATIONS? <input type="radio"/> YES* <input type="radio"/> NO <i>(*If yes, list the following conviction information.)</i>			
DATE	CHARGE	NAME/LOCATION OF COURT	SENTENCE/FINE
_____	_____	_____	_____

SECTION 6 – ATTACHMENTS (APPLICANT) (check all that apply)

PROOF OF DATE OF BIRTH (COPY OF BIRTH CERTIFICATE OR VALID DRIVER'S LICENSE)	<input type="checkbox"/> ATTACHED
DOCUMENTATION OF 500 HOURS OF INSTRUCTION IN MASSAGE THERAPY	<input type="checkbox"/> ATTACHED
PROOF OF COMPLETION OF THE NATIONAL EXAMINATION OF THERAPEUTIC MASSAGE & BODYWORK OR MBLEx EXAM	<input type="checkbox"/> ATTACHED
CERTIFICATION IN AMERICAN RED CROSS FIRST AID AND AMERICAN HEART ASSOCIATION CPR OR EQUIVALENT	<input type="checkbox"/> ATTACHED
FINGERPRINTS FROM SHAWNEE POLICE DEPARTMENT	<input type="checkbox"/> ATTACHED
COPY OF ALL MASSAGE THERAPIST LICENSES	<input type="checkbox"/> ATTACHED
FILING FEE	<input type="checkbox"/> ATTACHED

SECTION 7 – ACKNOWLEDGEMENT AND SIGNATURE (APPLICANT)

CERTIFICATION: I declare that the foregoing statements are true and correct. I further understand that any misrepresentation or omission of facts upon this application will be reason for denial of a Massage Therapist License. I hereby authorize the City, its agents and employees to seek information and conduct an investigation into the truth of statements in this application including but not limited to: previous/current employment verification, education verification and criminal history verification.

Signature _____ Title _____ Date _____

City of Shawnee • 11110 Johnson Dr. • Shawnee, KS 66203 • www.cityofshawnee.org Rev. 06/23

FOR CITY USE ONLY

Police Department

Initials

Date

Employment Verification

Initials

Date

Notes:

License Verification

Initials

Date

Notes:

Education Verification

Initials

Date

Notes:



Emergency Contact Information

Sometimes it may be necessary for the Police Department to contact authorized personnel of your business after normal business hours. Please list at least two (2) persons that can be contacted by the Police Department, should it become necessary. They should have door keys and be able to respond to assist officers if needed.

Name of Business: _____

Business Address: _____

Business Telephone: _____

First Contact Name: _____

Residence Telephone: _____

Cell Number: _____

Second Contact Name: _____

Residence Telephone: _____

Cell Number: _____

Third Contact Name: _____

Residence Telephone: _____

Cell Number: _____

Do you have an alarm system? Yes No

If yes, what type? Robbery Burglary

Alarm Company Name: _____

Alarm Company Telephone: _____

Date: _____ Signature: _____

If you would prefer future update requests via your business e-mail, please supply your e-mail address: _____

Print this form, complete the information and return it to the Community Development Department at City Hall.