



# Massage Establishment License Application

- New
- Renewal

## SECTION 1 – BUSINESS AND APPLICANT INFORMATION (APPLICANT)

BUSINESS INFORMATION	APPLICANT INFORMATION
Check box if home-office <input type="checkbox"/>	Check box if home-office <input type="checkbox"/>
Business Name _____	First Name _____ MI _____ Last Name _____
Business Address _____	Home Address _____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
Contact Person _____	Date of Birth _____
Office Telephone _____	Home Telephone _____
Emergency No. _____ Fax No. _____	Emergency No. _____ Fax No. _____
Email Address _____	Email Address _____

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

<input type="checkbox"/> MASSAGE BUSINESS SERVICES <input type="checkbox"/> IN-OFFICE MASSAGE THERAPY <input type="checkbox"/> IN-HOME MASSAGE THERAPY	EXACT NATURE OF SERVICES _____
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## SECTION 3 – OFFICER, PARTNER, AND MANAGER INFORMATION (APPLICANT)

NAME	ADDRESS	TELEPHONE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____

## SECTION 4 – THREE YEARS EMPLOYMENT HISTORY (APPLICANT)

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

## SECTION 5 – LICENSING AND CRIMINAL HISTORY (APPLICANT)

<b>OTHER THAN YOUR CURRENT SHAWNEE BUSINESS, HAVE YOU EVER OPERATED A MASSAGE ESTABLISHMENT?</b> <input type="radio"/> YES* <input type="radio"/> NO _____ <i>*If yes, when &amp; where?</i>	<b>HAS A LICENSE (OR APPLICATION) TO OPERATE A BUSINESS EVER BEEN SUSPENDED, REVOKED OR DENIED?</b> <input type="radio"/> YES* <input type="radio"/> NO _____ <i>*If yes, when &amp; where?</i>
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**HAVE YOU EVER BEEN CONVICTED OF A CRIME, EXCEPT MINOR TRAFFIC VIOLATIONS?**  YES\*  NO  
*(\*If yes, list the following conviction information.)*

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="radio"/> ATTACHED	<input type="radio"/> ON FILE
FINGERPRINTS FROM SHAWNEE POLICE DEPARTMENT	<input type="radio"/> ATTACHED	<input type="radio"/> ON FILE
MASSAGE THERAPIST APPLICATION*	<input type="radio"/> ATTACHED	<input type="radio"/> NOT APPLICABLE
COPY OF ALL MASSAGE THERAPIST LICENSES	<input type="radio"/> ATTACHED	
FILING FEE	<input type="radio"/> ATTACHED	

\*If massage establishment applicant is filing for massage therapist, please provide necessary requirements

## 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 Establishment 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 \_\_\_\_\_

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**FOR CITY USE ONLY**

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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.