



6090 Woodson Road
Mission, KS 66202
(913) 676.8350
www.missionks.org

APPLICATION FOR MASSAGE ESTABLISHMENT LICENSE

Permit Effective Date

License No. _____

From: _____ **To:** _____

All applicants must submit a completed application, copy of legible floor plan, written proof of age (driver's license or other state issued ID), two recent photographs at least 2" x 2", have fingerprints taken by the Mission Police Department and pay the \$35.00 fee for submittal to the Kansas Bureau of Investigation for background check are required and pay the application fee of \$300.00.

BUSINESS NAME: _____
FEDERAL TAX ID NUMBER: _____ KS RETAIL SALES TAX NUMBER: _____
BUSINESS ADDRESS: _____
BUSINESS PHONE NUMBER: _____

OWNER/APPLICANT NAME: _____
HOME ADDRESS: _____
HOME PHONE: _____ SOCIAL SECURITY NO.: _____
OWNER EMAIL ADDRESS: _____

Business, occupation or employment history (prior three years):			
Company	Address	City/State	Dates Employed
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Will you share ownership of this business with any other person(s), including partners or stockholders, holding more than 10% stock in the corporation? ____ (If yes, attach ownership information to application)

Manager's Name: _____ Address: _____
Home Phone: _____ Social Security No.: _____

Nature of Services to be Provided: _____

Will your business require storage of hazardous materials? YES ____ NO ____
Do you intend to operate any other business on the same premises, or adjoining premises YES ____ NO ____

If so, list name and type of business: _____

Are you currently, or have you previously, owned/operated a massage establishment in any other city or state?

If yes, list all establishments by name and location: _____



Have you ever been issued a massage therapist license or permit to perform massage services in a massage establishment, modeling studio, or body painting studio? YES___NO___

If so, list name, address, city and state of the establishment:_____

Have you ever had a massage license or permit revoked or suspended? YES___NO___

If yes, please explain the circumstances, and the city and state of the revoked or suspended license:_____

Have you ever been convicted of a crime other than minor traffic violations? YES___NO___

If so, please list city, state, county, date of the offense and sentencing and nature of the offense for which you were convicted:_____

Interior Square Footage of main floor, without regard to use : _____

One-half of additional floors without regard to use, including storage and basement areas : _____

Total Interior Square Footage : _____

A current and legible floor plan of the business premises and storage area is required with this application.

I hereby certify that I am at least 18 years of age and that the above information is true and correct to the best of my knowledge. I am aware that any knowingly false, incomplete, misleading or fraudulent statements in this application will be grounds for denial of this application, or revocation or suspension of any license/permit issued by the City of Mission, on the basis of information provided by me. I authorize the City, its agents, or employees to conduct an investigation into the truth of these statements. The filing of this application or the granting of this license neither confirms nor denies the use of land as regulated under the provisions of the City's zoning guide, and is further subject to pertinent ordinances of the City, which regulate and license specific occupations and businesses.

Application Signature:_____Date:_____

STATE OF KANSAS

COUNTY OF _____

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

Notary:

Seal & Expiration

Notary Signature

My commission expires:_____

Approved by: _____ Date: _____

chief of police