



# City of Leawood

4800 Town Center Drive • Leawood, Kansas 66211  
Phone 913.339.6700 • Fax 913.339.6781

## Application for Massage Establishment License

New

Renewal

### Instructions

- a. Complete application. An “applicant” is defined as each stockholder holding more than 10% of the stock, each director, officer, partner, limited partner, member, and any manager or other person principally in charge of the business operations of the proposed establishment. Section II must be completed for each “applicant.” Forms for additional applicants can be found at <https://www.leawood.org/licenses-permits/massage-therapy-licenses/>.
- b. Submit current copy of a state or federally issued form of identification and fingerprints for each applicant. If any responses require additional space, please attach additional paper as needed.
- c. RENEWAL: Complete sections I and III and any other sections necessary to update your previous application.

### I. Establishment Information

1. Legal Name of Entity/Establishment: \_\_\_\_\_  
\* Must submit proof of current registration with Kansas Secretary of State.
  - a. D/B/A Name (if different): \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_
3. Business Address: \_\_\_\_\_
4. Establishment Phone Number: \_\_\_\_\_
5. Specific Nature of Business or Services to be Provided: \_\_\_\_\_  
\_\_\_\_\_
6. Owner of Premises: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

### II. Applicant(s) Information

1. Name: \_\_\_\_\_
2. Title: \_\_\_\_\_
3. Address: \_\_\_\_\_
4. Phone Number: \_\_\_\_\_
5. Date of Birth: \_\_\_\_\_

6.

Social Security #:	United States Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>
If not a citizen, are you authorized to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> Submit documentation supporting authorization.	
Driver's License State:	Driver's License #:
Weight:	Height:
Hair Color:	Eye Color:

Massage History and Employment

7. List all business, occupation, and employment history for the three (3) years immediately preceding this application, including periods of unemployment:

Employer	Position	Dates of Employment	Address	Nature of Duties

8. List all Massage Establishment and Massage Therapy License history, including any other similar license or permit issued by any licensing jurisdiction:

License Type	Licensing Jurisdiction	Dates of License

9. Have any of the above listed licenses or permits ever been revoked, suspended, or voluntarily surrendered in lieu of revocation or suspension? **Yes**  **No**

10. If answered "Yes" to Question 9, please provide the reason for the revocation, suspension, or voluntary surrender, and any license activity subsequent to such action.

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11. Have you been previously issued a license, permit, or other authorization for an adult entertainment business or escort service, or have you been employed by any such establishment? **Yes**  **No**

If yes, provide name and address of the business or service and the dates licensed or dates of employment.

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Criminal History

12. List all adult and juvenile criminal charges, including the jurisdiction in which charged, the offense date, final disposition date, and final disposition (i.e. convicted, diverted, dismissed). Include pending charges, and any charges that may have been dismissed, diverted, or expunged.

Charge(s)	Jurisdiction	Offense Date	Disposition Date	Final Disposition

**III. Massage Therapists**

List all Massage Therapists working in the Massage Establishment.

Name	Valid Leawood Massage Therapist License
	Yes <input type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/>

**Certification of Application and Authorization for Background Investigation**

I certify that the above information is true and correct to the best of my knowledge and I understand that any false or misleading information in this application or in any document required by the City of Leawood, shall be grounds for revocation or suspension of any license issued by the City of Leawood.

Further, I hereby authorize the City of Leawood and its staff to conduct a background investigation into the truth of the statements set forth in this application and my qualifications for a license covered by this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Completed application must be notarized.**

State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn to me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature of Notary Public: \_\_\_\_\_

My Commission Expires:

\_\_\_\_\_