

LICENSE TYPE: NEW - \$75 , RENEWAL - \$50 , ADDITIONAL - \$15 (All fees are nonrefundable.)

Massage Therapist License Effective
From _____
To _____

License No. _____
Receipt No. _____

CITY OF OVERLAND PARK

APPLICATION FOR MASSAGE THERAPIST LICENSE

All applicants must submit written proof of age (copy of driver's license) and two recent passport photographs at least 2" x 2".

1. NAME: _____
(first) (middle) (last)
2. ADDRESS: _____
(City, State and Zip Code)
3. Phone No. _____
(home) (business)
4. Weight: _____
5. Height: _____
6. Color of Eyes: _____
7. Color of Hair: _____
8. Birth Date: _____
9. Race/Sex: _____
10. Social Security #: _____
11. Driver's License #: _____
12. 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:

Name of Manager: _____
Please Print Legible

Signature of Manager _____ Date _____

13. Specific position, function or duties you are being hired to perform within such establishment:

14. Are you a citizen of the United States? Yes , No

If not, are you authorized to work in the United States? Yes , No (Please provide documentation for this authorization.)

15. List all business, occupations, or employments for the three (3) years immediately preceding the filing of this application. Show all periods of unemployment. (Gaps in employment will delay the application process and cause the application to be returned.)

Previous Employer of Business	Dates	Address	Position or Nature of Duties

16. Have you ever previously been issued an employee's license or permit to perform massage therapy services in a massage establishment?
 Yes , No . If so,
 Where? _____ When? _____
 How long did you have such license or permit? _____
 Was such license or permit ever suspended or revoked? Yes , No . If so,
 Why? _____ How long? _____
 Was it reinstated? Yes , No .

17. Have you ever been convicted, diverted, or given a suspended imposition of sentence (SIS) of a criminal offense (other than minor traffic violations¹)? Yes , No . If yes, list city, state, date, offense for which convicted, diverted, or SIS imposed.

18. New applicants must include proof of education (Certified/Embossed Transcripts), proof of National Certification Examination for Therapeutic Massage and Bodywork or Massage & Bodywork Licensing Examination, first aid card, CPR card, and fingerprints as provided in Overland Park Municipal Code 5.50.500.

Applicants renewing must provide proof of a minimum of 12 hours continuing education, first aid card and CPR card as provided in Overland Park Municipal Code 5.50.500.

19. I have been provided a copy of OPMC Chapter 5.50. Yes No

20. Please read and sign the following.

APPLICATION MUST BE COMPLETED IN FULL

I declare (or verify, certify or state) under penalty of perjury 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 Overland Park, Kansas, in conjunction therewith will be grounds for the rejection of this application, or grounds for the revocation or suspension of any license issued by the City of Overland Park, Kansas, on the basis of such information.

Further, I hereby authorize the City of Overland Park, 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

FOR POLICE DEPARTMENT USE ONLY

Identification Card: Date Issued _____

Effective Dates: From _____ to _____

APPROVED BY _____

¹ . "Minor Traffic Violations" mean any violation classified as a traffic infraction or ordinance traffic infraction pursuant to K.S.A. 8-2118(c), and amendments thereto.