



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

APPLICATION FOR MASSAGE THERAPIST / EMPLOYEE PERMIT

Permit Effective Date

Permit No. _____

From: _____ **To:** _____

All applicants must submit written proof of age, two recent photographs at least 2" x 2", CPR certification (including blood-borne pathogen training), proof of successful completion of a course of instruction made up of not less than five hundred (500) hours of instruction in the theory, method or practice of massage from a National Certification Board for Therapeutic Massage and Bodywork approved school; or has passed the National Certification Examination for Therapeutic Massage and Bodywork, and the \$50.00 license fee. For initial applications, fingerprints must be taken by the Mission Police Department for submittal to the Kansas Bureau of Investigation for background checks.

NAME: _____
(Last) (First) (MI)

ADDRESS: _____

PHONE NUMBERS: _____
(Home) (Business)

DATE OF BIRTH: _____ Social Security #: _____

(Height) (Weight) (Eye Color) (Hair Color)

Name and address of establishment where you will be practicing:

Business, occupation or employment (three years prior history):

Company	Address	City/State	Dates Employed
Company	Address	City/State	Dates Employed
Company	Address	City/State	Dates Employed

Have you ever been issued an employee's license or permit to perform any services in a massage establishment, bath house, modeling studio, or body painting studio? _____ If so, please list where and for how long: _____



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Was such license or permit ever suspended or revoked? _____ If so, why? _____

Have you ever been convicted or diverted from any crime, except minor traffic violations? If "yes," list city, state, country, date, offense for which convicted, and sentence imposed:

Any person who intends to engage in the practice of massage as defined in the Mission Municipal Code, Section 620.050, is required to have successfully completed not less than 500 hours of instruction in the theory, method, or practice of massage at a recognized school. Please complete the following:

School attended: _____

School address: _____

School telephone: _____ Dates attended: _____

Name of school contact person: _____

School accredited by: _____

Total number of hours: _____

(Attach copy of diploma, certificate of graduation, or certificate of completion of such course(s) that must be signed by the school administrator, registrar, etc., and must show the title of the person signing said documents.)

FEES: \$50.00 Payable to City of Mission

\$45.00 Check or Money Order Payable to Kansas Bureau of Investigations (payable at Mission Police Department at time of fingerprinting for initial application)

Please read and sign the following. SIGNATURE MUST BE NOTARIZED

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 and belief. I am also aware that any knowingly false, incomplete, misleading, or fraudulent statement in the application or in any document required with this application will be grounds for rejection or ground for the revocation or suspension of any permits issued by the City of Mission, Kansas on the basis of such information. Further, I hereby authorize the City of Mission, Kansas, its agents or employees to seek any further information, and conduct an investigation into the truth of the statements and my qualifications set forth in this application.

Signature: _____

Date: _____



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NOTARY:

State of _____

County of _____

Subscribed to and sworn to before me this _____ day of _____ 20_____.

Notary Public

My commission expires: _____

Background check approved (date): _____

Massage Therapist License issued (date): _____