



CITY OF GARDNER, KANSAS

2024 APPLICATION FOR NEW PERMIT

Massage Therapy Establishments and Massage Therapists
Establishment Permit Fee: \$200.00
Massage Therapist Permit: \$25.00
Home Occupation Application: \$50.00

Type of Application: Establishment Permit [] Therapist Permit [] Home Occupation []

All Applicants for a massage therapy establishment permit or massage therapist license shall submit the following information in addition to this application:

- a. Written proof of age, verified by a birth certificate or driver's license.
b. Two portrait photographs at least 2" x 2" taken within two years.
c. Fingerprints (unless renewal)
d. Documentation of the applicant's satisfactory completion and graduation from a school or institution providing a minimum of 500 class hours of training in massage therapy and proof of passing of the 1992 or later National Certification Exam for Therapeutic Massage.
e. Documentation of successful completion of an in-person certification program in CPR.

1. Applicant's Name: _____

Height: _____ Weight: _____ Eye color: _____ Hair color: _____ Fingerprints attached: _____

Home Address: _____

Home and/or cell Telephone: _____

D/O/B: _____ SSN#: _____

2. Massage Therapy Establishment (or where licensee will perform therapy)

Name of Business: _____

Address: _____

Business Phone Number: _____

Name, Telephone & Address of Owner of premises upon which establishment is to be located: _____

List all massage therapy services provided: _____

3. List all business, occupation or employment for the three years immediately preceding the filing of this application.

Note: Please show all periods of unemployment.

Previous Business or Employer From/To Address Position Held

Table with 4 columns: Previous Business or Employer, From/To, Address, Position Held. Multiple empty rows for data entry.

4. Have you ever previously been issued a license or permit to operate a massage establishment or practice as a massage therapist?

If so, where and when: _____

How long was business operated? _____ Was previous license or permit ever suspended or revoked? _____

If yes, how long was license or permit suspended? _____ Was the license or permit reinstated? _____

In what business activities have you been involved since such revocation or suspension?

5. Have you ever been convicted of a criminal offense (other than minor traffic violations?)

If yes, list City, State and dates of offense and sentence.

6. List all schools (secondary and higher education) which you have attended:

<u>Name of School</u>	<u>Dates attended</u>	<u>Course of Study</u>	<u>Diploma?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please read and sign the following: **(All signatures must be notarized)**

I hereby certify that the above information is true and correct to the best of my knowledge and belief, and acknowledge and agree that any knowingly made false, misleading or fraudulent statement in this application or in any document required by the City of Gardner, Kansas in conjunction therewith will be grounds for the rejection of this application, or grounds for the revocation or suspension of any permit or license issued by the City of Gardner, Kansas on the basis of such information.

Furthermore, I hereby authorize the City of Gardner, 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 of Applicant)

STATE OF _____

COUNTY OF _____

Subscribed to and sworn to before me this _____ day of _____, 20____

Notary Public _____

My commission expires: __

**ALL PERMITS AND LICENSES SHALL BE VALID FROM JANUARY 1 TO DECEMBER 31 OF EACH YEAR.
THE ANNUAL FILING SHALL NOT BE REFUNDABLE OR PRORATED**