

X NEW ONLY (Renewals must be submitted on a renewal form)

Expiration: _____

Lot No.
License No.
Customer No.

CITY OF PRAIRIE VILLAGE – NEW MASSAGE THERAPIST APPLICATION
Licensing Period Is One Year From Date Of Expiration Date - Must Be Renewed Annually

To avoid the return of this application, please complete ALL information.

THERAPIST INFORMATION			
Name:			
List any other last names you have used:			
Home Address:	City:	State:	Zip:
Primary Phone Number:		Email Address:	
1. Do you currently hold a Massage Therapist license or permit in any other city, county or state? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide copy of each current license from other cities, counties or states			
2. Have you had a Massage Therapist License or permit denied, suspended or revoked in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please list location (city & state), whether denied, suspended or revoked, year of occurrence, and include brief explanation:			
3. Have you been convicted, diverted, had a suspended imposition of a sentence, or other similar adjudication, of a criminal charge in any court including municipal court in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please list the charge(s), the jurisdiction in which the offense took place, the approximate date(s), the sentence or other penalty, if any, and the current status of the case:			
THERAPIST SUPPLEMENTAL DOCUMENTS			
<input type="checkbox"/> I have attached a copy of my current CPR/First Aid Certificate. Expiration Date: _____			
<input type="checkbox"/> I have attached a copy of my current driver's license/State issued ID			
<input type="checkbox"/> I have attached my certified transcript documenting at least 500 hrs in theory, method, practice of massage AND graduated status OR			
<input type="checkbox"/> I have provided documentation of my active National Certification from NCBTMB (National Certification Board for Therapeutic Massage and Bodywork): Expiration Date: _____			
<input type="checkbox"/> I understand I must first pass a background check before my licenses will be issued			
<input type="checkbox"/> I would like the City to take my picture for the City License Card OR			
<input type="checkbox"/> I would like to supply a digital picture for my City License Card			

COMPLETE BOTH SIDES OF THIS APPLICATION

PAYMENT		
Return application and fee to: City of Prairie Village Attn: Massage Therapy Licensing 7700 Mission Road Prairie Village, KS 66208	Cash, Check or Credit Card If paying by check, make checks payable to City of Prairie Village If paying by Credit Card, Do not submit card #s via email. Email forms & call in cc; or submit in person	Annual Fee: \$ 40.00 <i>Waived if you also own your Massage Business and have applied and paid for a Massage Therapy Business License</i>

Need additional information about licensing requirements, Municipal Codes, or late fees? Visit our website: www.pvkansas.com Or contact us at license@pvkansas.com or 913-385-4684.

Office Use Only: Application: _____ License Issued: _____
Date Received Amt Pd Ck/Cash/Card Processed By Date By

BUSINESS LICENSING

If you reside in Prairie Village, will you conduct any portion of this business including administrative from your home? Yes No
If yes, you must also apply for a Massage Therapy Business License.

Will you be conducting your business in an office building or storefront (Retail Establishment) in Prairie Village? Yes No
If yes, you or your employer must also have a Massage Therapy Business License.

EMPLOYER'S BUSINESS INFORMATION

Name of Business:	Owner of Business:
Business Address:	
Business Phone Number:	Business Contact Email:

PROVIDE PREVIOUS THREE (3) YEARS OF EMPLOYMENT INFORMATION

If you have been in your current employment fewer than 3 years

DATES	EMPLOYER	EMPLOYER ADDRESS	DIRECT SUPERVISOR	SUPERVISORS' DIRECT PHONE #
From: To:				
From: To:				
From: To:				

STATEMENT

I agree to comply with all local, state and federal laws which govern massage therapy business. I have received and read a copy of the Prairie Village Municipal Code regarding massage therapy business and agree to comply with all regulations. I hereby authorize the City of Prairie Village, Kansas, its agents and employees, to seek information and conduct an investigation into the truth of the statements set forth in the application and the qualifications of the applicant for the license. I acknowledge that if any information provided is determined to be false or misleading, that alone shall be grounds for the denial, suspension, or revocation of the license.

Applicant Signature:	Date:
-----------------------------	--------------