

X NEW ONLY (renewals must be submitted on the renewal form)

Expiration:

Lot No.

License No.

Customer No.

CITY OF PRAIRIE VILLAGE – NEW MASSAGE THERAPY BUSINESS APPLICATION
Licensing Period Is One Year From Current Expiration Date– Must Be Renewed Annually

To avoid the return of your application, please provide ALL information on BOTH SIDES and sign

BUSINESS INFORMATION

Business Name:

Location Address:

Mailing Address:

Mailing City/State/Zip:

Bus. Telephone:

TYPE OF MESSAGE BUSINESS

Message Home – Based Business (Complete the corresponding section on the next page – annual fee \$52.00)

Message Admin/Retail Business (Complete the corresponding section on the next page – annual fee based on square footage – refer to fee schedule)

APPLICANT INFORMATION – for record check

First Name:

MI:

Last Name:

Date of Birth:

Home Address:

City/State/Zip:

Home/Cell Telephone:

Email Address:

THREE YEARS OF EMPLOYMENT HISTORY

| Business Name | Address/Phone/Contact Person | Position | Dates (To/From) |
|---------------|------------------------------|----------|-----------------|
| | | | |
| | | | |
| | | | |

LICENSING AND CRIMINAL HISTORY

OTHER THAN YOUR CURRENT PRAIRIE VILLAGE BUSINESS, HAVE YOU EVER OPERATED A MASSAGE ESTABLISHMENT?

YES* NO _____

**If yes, when & where?*

HAS A LICENSE (OR APPLICATION) TO OPERATE A BUSINESS EVER BEEN SUSPENDED, REVOKED OR DENIED?

YES* NO _____

**If yes, when & where?*

HAVE YOU EVER BEEN CONVICTED OF A CRIME IN ANY COURT INCLUDING MUNICIPAL COURT, EXCEPT MINOR TRAFFIC VIOLATIONS? YES* NO (**If*

yes, list the following conviction information.)

DATE

CHARGE

NAME/LOCATION OF COURT

SENTENCE/FINE

COMPLETE BOTH SIDES OF THIS APPLICATION

PAYMENT

Return application and fee to:

City of Prairie Village
Attn: Massage Business Licensing
7700 Mission Road
Prairie Village, KS 66208

Cash, Check or Credit Card

Via Check, make payable to: City of Prairie Village
Via credit card: Do not submit card numbers via e-mail (email forms, phone in cc or submit in person)

Annual Fee: \$

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

MESSAGE ADMINISTRATIVE/RETAIL (COMMERCIAL SPACE) BUSINESSES ONLY

What is the total square footage your business occupies?

How many people work at this location?

Are you or your business licensed in any other city or state?

Yes No

If yes, please attach copy of such documentation or certification

If you are required to collect state sales tax & your State Sales Tax Certificate is not already on file, attach a copy.

State Sales Tax ID#:

MESSAGE ADMINISTRATIVE/RETAIL BUSINESS STATEMENT

I declare under penalty of false statement that, to the best of my knowledge and belief, the statements made on this application are correct and true I agree to comply with all local, state and federal laws which govern massage therapy business. I have reviewed the Prairie Village Municipal Code regarding massage therapy and commercial businesses 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:** _____

MESSAGE HOME-BASED BUSINESSES ONLY

Are you or your business licensed in any other city or state? Yes No

If yes, please attach copy of such documentation or certification

I understand my home must pass an interior inspection of the business area before my license will be issued

I have submitted a rough floor plan of the business area within my house at the bottom of this page or attached.

By initialing the following statements, I declare them to be correct and true.

_____ I do not use more than 20% of the total dwelling unit floor area (not including the garage) for my home-based business.

_____ I do not have any employee other than immediate family working on the premises or being dispatched from my home.

_____ I do not conduct business on the patio or in the garage or other accessory building.

_____ Hours of operation fall between the hours of 7:00 am and 9:00 pm.

_____ I receive no more than 10 clients per day at my home.

_____ I do not advertise my business on the premises of my home.

MESSAGE HOME-BASED BUSINESS STATEMENT

I declare under penalty of false statement that, to the best of my knowledge and belief, the statements made on this application are correct and true. I agree to comply with all local, state and federal laws which govern massage therapy business. I have reviewed the Prairie Village Municipal Code regarding massage therapy and home occupation businesses 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:** _____