



Massage Establishment License Application

12350 W 87th Street Pkwy
P.O. Box 14888
Lenexa, KS 66285-4888

Phone 913-477-7500
Fax 913-477-7730
www.lenexa.com

NOTE: Any failure to fully or truthfully answer any question or provide any information required herein may result in denial of this application and a one-year ineligibility to reapply. If you have any questions or are unclear about this application or the required information, review City Code (a copy of which is provided to you with this Application) and clarify with City staff prior to submitting this application.

An establishment must have a licensed Massage Therapist, approved Massage Establishment license and a Certificate of Occupancy (if not home-based) within 90 days from date of this application in order to operate. A copy of the tenant lease and State of Kansas Certificate of Good Standing must be provided with this application.

PLEASE PRINT

New Renewal

Attach additional information on a separate sheet of paper, if necessary.

SECTION 1: ESTABLISHMENT INFORMATION

- Massage Therapy Establishment Massage Therapy Establishment in Owner's Home
- Otherwise Licensed Business Offering Massage - no charge for license

Business Ownership: Sole Proprietorship Partnership Corporation LLC

NOTE: If a partnership, each partner (including limited partners) must fill out an application. If a corporation, each stockholder with more than 10% ownership, each officer and each director must fill out an application. If a LLC, each member and each manager must fill out an application.

Address of location to be licensed: _____ This is applicant's residence.

Legal name of business (include DBA if applicable): _____

Business Phone _____ Business Fax _____

Business Email _____

Social Security Number (sole proprietorship only) _____ KS Tax ID (all others) _____

For In-Home Massage Therapy Establishment – List any other adults (18 and older) living in the residence:

Full Name	Date of Birth	SSN
_____	_____	_____
_____	_____	_____

List all massage therapy techniques, modalities, and/or services that will be provided at the establishment: _____

PROPERTY OWNER'S APPROVAL

AS THE UNDERSIGNED PROPERTY OWNER, I HEREBY GRANT PERMISSION FOR A MASSAGE THERAPY ESTABLISHMENT TO OPERATE IN THE ABOVE LISTED ADDRESS LOCATION AND UNDERSTAND THAT A COPY OF THE TENANT'S LEASE MUST BE SUBMITTED WITH THIS APPLICATION.

Property Owner's Full Name (printed) _____ Phone _____

Property Owner's Signature _____ Date _____

SECTION 2: ESTABLISHMENT APPLICANT'S PERSONAL INFORMATION

Full Name of Applicant: _____

OTHER NAMES USED (including maiden name): _____

Home Address: _____

Street No.

City, State

Zip

(NOTE: Home address cannot be the establishment address unless the establishment application is for an In-Home Massage Therapy Establishment.)

Home Phone _____ Cell _____ Date of Birth _____

Email _____

Social Security Number _____ Gender: M F

State-issued ID card number (driver's license) _____ State Issuing (circle one): Kansas Missouri

Height _____ Weight _____ Eye Color _____ Hair Color _____ Race _____

Applicant is is not a therapist. (Note: If applicant is a therapist, a separate therapist application must be completed, submitted, and approved before the applicant is allowed to personally perform massage therapy services.)

Please list all other individuals who are required to complete an application for this establishment license: _____

Contact for all correspondence and inspections associated with this application and/or contact assisting with the completion of this application:

Name Tel. No. Driver's License No.

Name Tel. No. Driver's License No.

SECTION 3: APPLICANT'S BACKGROUND INFORMATION

- **Employment** - List all employment held within the past three (3) years: all columns must be completed.

Dates	Employer	Employer Address	Direct Supervisor	Business's Direct Phone #
From: To:				
From: To:				
From: To:				

- **Have you been denied a Massage Therapist or Massage Establishment license/permit within the last 10 years?**
 No **Yes** – complete section below. Use additional paper, if necessary, for each massage therapist or establishment license/permit denied during this timeframe.

Type of license/permit (circle): Therapist Establishment City, State _____
 Date of Denial _____ Reason given for denial _____

- **Have you been issued a Massage Therapist or Massage Establishment license/permit within the last 10 years?**
 No **Yes** – complete section below. Use additional paper, if necessary, for each massage therapist or establishment license/permit held during this timeframe.

1) Type of license/permit (circle): Therapist Establishment City, State _____
 Date Issued _____ License/Permit Number _____
 Disposition of license/permit (i.e. expired, revoked, suspended, active) _____

2) Type of license/permit (circle): Therapist Establishment City, State _____
 Date Issued _____ License/Permit Number _____
 Disposition of license/permit (i.e. expired, revoked, suspended, active) _____

3) Type of license/permit (circle): Therapist Establishment City, State _____
 Date Issued _____ License/Permit Number _____
 Disposition of license/permit (i.e. expired, revoked, suspended, active) _____

- **Have you been issued an adult entertainment business license/permit or been employed by an adult entertainment business or escort service within the past 10 years?**

No **Yes** – complete section below. Use additional paper, if necessary, for each adult entertainment or escort license/permit previously held or business worked at.

Type of license/permit _____ Issuing City, State _____

Date Issued _____ License/Permit Number _____

Disposition of license/permit (i.e. expired, revoked, suspended, active) _____

Employer name, address and phone _____

Type of work performed _____

- **Have you ever been convicted of, received diversion for, or received a suspended imposition of sentence for a criminal charge other than a minor traffic violation? (NOTE: “minor traffic violations” are defined by City Code as “any violation classified as a traffic infraction or ordinance traffic infraction pursuant to K.S.A. 8-211(c) and amendments thereto.” City Customer Service will have a copy of K.S.A. 8-211(c) for you to review upon request but cannot provide any advice as to whether a particular charge or offense qualifies as a minor traffic violation or not. If you are unsure of whether you should list a criminal charge or not, you should seek independent advice or err on the side of disclosing too much as opposed to too little. Failing to disclose a required charge will result in denial of this application.)**

No **Yes** – complete section below. Use additional paper, if necessary.

Date	Charge	Jurisdiction	Sentence/Penalty	Status of Case

SECTION 4: ESTABLISHMENT MANAGER INFORMATION

For each individual who will work as a manager or supervisor at the establishment, provide the following:

Full Name of Manager #1 _____

OTHER NAMES USED _____

Home Address _____

Number and Street

City, State

Zip

Date of Birth _____ Driver’s License No. _____

Manager is is not a therapist. (Note: If manager is a therapist, a separate therapist application must be completed, submitted, and approved before the applicant is allowed to personally perform massage therapy services.)

Manager has has not been photographed by the Lenexa City Policy Department (if No, Manager must accompany this application).

Full Name of Manager #2 _____

OTHER NAMES USED _____

Home Address _____
Number and Street City, State Zip

Date of Birth _____ Driver's License No. _____

Manager is is not a therapist. (Note: If manager is a therapist, a separate therapist application must be completed, submitted, and approved before the applicant is allowed to personally perform massage therapy services.)

Manager has has not been photographed by the Lenexa City Policy Department (if No, Manager must accompany this application).

Full Name of Manager #3 _____

OTHER NAMES USED _____

Home Address _____
Number and Street City, State Zip

Date of Birth _____ Driver's License No. _____

Manager is is not a therapist. (Note: If manager is a therapist, a separate therapist application must be completed, submitted, and approved before the applicant is allowed to personally perform massage therapy services.)

Manager has has not been photographed by the Lenexa City Policy Department (if No, Manager must accompany this application).

Full Name of Manager #4 _____

OTHER NAMES USED _____

Home Address _____
Number and Street City, State Zip

Date of Birth _____ Driver's License No. _____

Manager is is not a therapist. (Note: If manager is a therapist, a separate therapist application must be completed, submitted, and approved before the applicant is allowed to personally perform massage therapy services.)

Manager has has not been photographed by the Lenexa City Policy Department (if No, Manager must accompany this application).

I hereby swear or affirm that the information provided on this application, and any other documentation provided to the City in support of this application, is true and correct to the best of my knowledge and belief. I further

acknowledge that if any information provided is determined to be incomplete, false or misleading, that alone may be grounds for the denial, suspension, or revocation of the license and any other discipline or action as allowed by City Code. I further authorize the City to conduct any and all appropriate investigation(s) into the truth of the statements set forth in this application and any other documentation submitted in support of this application.

State of KANSAS
County of JOHNSON

Applicant Signature _____ Date _____

Notary Public _____ My appointment expires (seal) _____

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

FOR OFFICE USE ONLY:

Zoning Approval (if new license) _____

Application Processing Components

■ Certifications/Submissions

- If new establishment, State of Kansas Certificate of Good Standing (for LLC or corporation)
- If new establishment, copy of signed lease provided with tenant use noted as *Massage*
- If new establishment, CO application submitted (fee to be collected later)
- Kansas or Missouri issued Identification Card
- Application Packet Paperwork Completed
- Owner of property verified

■ Fees

- Application Fee - \$300 new \$150 renewal \$_____ (No charge for OLB)
 - Additional ID Card Fee - @ \$15 (first of each type is N/C) \$_____
- Cash / cc / Check # _____ Receipt # _____ \$_____ Total

■ ID Numbers

Massage Therapy Establishment License No. _____	Expiration Date _____
Owner 1 – Name _____ PD Badge # _____	Expiration Date _____
Owner 2 – Name _____ PD Badge # _____	Expiration Date _____
Manager 1 – Name _____ PD Badge # _____	Expiration Date _____
Manager 2 – Name _____ PD Badge # _____	Expiration Date _____
Manager 3 – Name _____ PD Badge # _____	Expiration Date _____
Manager 4 – Name _____ PD Badge # _____	Expiration Date _____

■ PD Background Check Successfully Completed on Owner 1: Date _____ By _____

PD Background Check Successfully Completed on Owner 2: Date _____ By _____

PD Background Check Successfully Completed on all other required establishment applicants: Date _____ By _____

Approved Denied _____

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Statement of Understanding – Operations Regulations

PLEASE READ CAREFULLY

You are responsible for being familiar with and complying with the rules and regulations related to massage therapy and establishments at all times. The following is only a summary of the City's regulations of massage establishment operations, and you should refer to the Code for entirety of the regulations.

Please initial each line after reading:

___ Your establishment must have a valid establishment license and Certificate of Occupancy issued by the City of Lenexa at all times in order to operate.

___ You must have a separate, valid therapist license issued by the City of Lenexa if you plan to personally provide massage therapy services.

___ You must have your appropriate City-issued identification card with you at all times when working in an establishment, and shall produce the card for inspection upon request of any City representative.

___ You have received a copy of and your operations must comply with the provisions of City Code Chapter 2-3 at all times.

___ The establishment walls should be clean and painted. In all areas where water or steam baths are provided, the walls shall be clean and painted with washable, mold-resistant paint.

___ No area where therapy is conducted may be fitted solely with a door that can be locked.

___ When five (5) or more establishment representatives and/or patrons are on the premises at the same time, separate toilet facilities shall be provided for men and women.

___ Lavatories or wash basins with both hot and cold running water shall be installed in either the toilet room or a vestibule, and shall include a soap dispenser and sanitary towels.

___ At least one drinking facility shall be available to employees.

___ There shall be no appliances installed in an establishment exceeding 110v with the exception of clothing dryers.

___ You must have the premises supervised at all times when open for business by yourself or an establishment representative acting as a manager. You shall not violate or permit others to violate any applicable provision of this Chapter.

___ Any violation of this Chapter by any establishment representative shall constitute a violation by you.

___ Your establishment must be closed and operations between the hours of 10:00 p.m. and 6:00 a.m. each day.

___ You and your establishment representatives shall be clean, and wear clean, modest outer garments at all times while at the establishment. Diaphanous or transparent clothing is prohibited.

___ Every portion of a licensed establishment, including appliances and personnel, shall be kept clean and operated in a sanitary condition.

___ A patron's pubic region, human genitals, perineum, anal region, and the area of the female breast that includes the areola and nipple must be covered at all times by opaque towels, sheets, cloths, or undergarments when in the presence of you or your establishment representatives.

____ Any contact by you or your establishment representatives with a patron's pubic region, human genitals, perineum, anal region, or the area of the female breast that includes the areola and nipple is strictly prohibited.

____ Clean, laundered sheets and towels must be provided to patrons for use. Such items shall be laundered after each use thereof and stored in a sanitary manner.

____ Wet and dry heat rooms, showers and other bathing compartments, and toilet rooms shall be thoroughly cleaned each day the business is in operation. Bathtubs or individual soaking areas shall be thoroughly cleaned after each use.

____ Table showers are strictly prohibited.

____ A person under the age of 18 is allowed to receive massage therapy from a licensed massage therapist of a different sex if that person is accompanied to the establishment by a parent or legal guardian, and the parent or legal guardian has authorized such therapy in writing.

____ You must keep and maintain on the premises a current register of all establishment representatives showing each individual's name, home address, and license number, and containing a copy of the therapist's license and government-issued identification. Such register shall be open to inspection at all reasonable times by any City representative.

____ You must keep and maintain on the premises a register of services provided, listing **each patron's first and last name, home address or phone number, and the first and last name of the establishment representative who performed the service**. Such register shall be open to inspection at all reasonable times by any City representative. Alternatively, all licensed therapists may maintain their own registers.

____ No establishment shall place, publish, or distribute any advertising that reasonably suggests to prospective patrons that any service is available or that the licensee or any establishment representative would provide any service or satisfy any request for actions which are prohibited under this Chapter.

____ No individual shall reside, inhabit or otherwise sleep overnight at an establishment with the exception of a licensee who operates an establishment in his/her home or residence. With respect to licensees who operate an establishment out of his/her home or residence, no individual living in the home or residence shall reside, inhabit or otherwise sleep in the portion of the home or residence that is devoted to the practice of massage therapy.

____ City representatives may, from time to time, make an inspection of your establishment for the purposes of determining that the provisions of this Chapter are complied with. Such inspections shall be made at reasonable times and in a reasonable manner. Prior notice of the City's intention to conduct such inspections is not required. It shall be unlawful for you or your establishment representatives to fail to allow immediate access to the premises or to hinder an inspection in any manner.

____ You are required to apply for an annual renewal of your license at least twenty-one (21) calendar days prior to the expiration date of your license by completing and submitting the renewal paperwork packet. The City will make reasonable efforts to notify licensees of an upcoming expiration of a license, but the City's failure to provide such notice or the failure to receive such notice shall not relieve the licensee from the requirement to file all required renewal paperwork at least twenty-one (21) calendar days prior to expiration of the current license to prevent any lapse.

____ Any violation of the city, state, or federal laws committed by you or your establishment representatives may be grounds for suspension or revocation of your license.

I have read and understand the City of Lenexa Code requirements listed above. I understand that there are additional requirements and regulations set out in Lenexa City Code Chapter 2-3, a copy of which I have been given, and that it is my responsibility to read and understand all of the regulations which apply to massage therapy services.

Signature

Print Name

Date

EMPLOYMENT RECORD RELEASE AUTHORIZATION

To (list all employers within the past three (3) years): _____

_____.

I, _____ (print name), am an applicant for massage therapy licensure with the City of Lenexa, Kansas. I have authorized the City of Lenexa, Kansas to conduct an investigation into my background for the purpose of determining my suitability for licensure. Each organization identified above is hereby authorized to release the following information related to my employment: date of hire; date of termination, position held. You are hereby authorized to release this information in writing or verbally, as requested by an employee, agent, or representative of the City of Lenexa, Kansas. This authorization shall supersede any prior request or authorization to the contrary. A photocopy or fax of this authorization will be as effective and valid as the original. This release authorization is effective as of the date set forth below for six (6) calendar months.

(Signature)

(Date)

(Print or type name)

(SS#)

State of KANSAS)
County of JOHNSON)

Subscribed and sworn to before me this _____ day of _____, 2_____

(Notary Public)

My commission expires: _____