

**City of Overland Park**  
**Massage Therapist License Application**  
 O.P.M.C. Chapter 5.50

<p><b>For City Clerk Office Use Only</b></p> <p>License No. _____</p> <p>Effective From: _____</p> <p>To: _____</p>	<p>Application Type: <i>(All fees are nonrefundable.)</i></p> <p><input type="checkbox"/> New (\$75)    <input type="checkbox"/> Renewal (\$50)    <input type="checkbox"/> Additional (\$15)</p> <p>Date Submitted: _____</p> <p>Payment Type: _____</p> <p>Case Manager: _____</p>
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<b>SECTION 1 - APPLICANT INFORMATION</b> <small>(Please print legible.)</small>									
All applicants must submit written proof of age (copy of driver's license) and two recent passport photographs at least 2" x 2".									
First Name			Middle Name			Last Name			
Maiden Name(s)					Alias/Nickname(s)				
Address			City			County		State	Zip Code
Preferred Phone No.			Alternate Phone No.			Email Address			
Date of Birth / /			Social Security No. - -			Driver's License No.		DL State	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Race	Height	Weight	Color of Eyes		Color of Hair		
Are you a citizen of the United States?								<input type="checkbox"/> Yes <input type="checkbox"/> No	
If not, are you authorized to work in the United States?								<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please provide documentation for this authorization.					Date Authorization Expires:		/ /		
Contact information for individual assisting with the completion of this application:									
Name					Phone No.				
Preferred spoken language? <i>(For follow-up communication.)</i>									

<b>SECTION 2 - ESTABLISHMENT INFORMATION</b> <small>(Verification of employment at the following establishment must be made by obtaining signature of manager.)</small>	
Name of Establishment	
Address of Establishment	
Specific Position, function, or duties you are being hired to perform within such establishment:	
Name of Establishment License Holder: <small>(Please print legible.)</small>	
Signature of Establishment License Holder	Date

**SECTION 3 - WORK HISTORY**

List **ALL** business, occupations, or employments for the three (3) years immediately preceding the filing of this application. Show all periods of unemployment. (Gaps in employment will delay the application process and cause the application to be returned.)

Dates To:    /    /  From:    /    /	Name of Employer: _____ Address: _____ City/State: _____ Duties: _____
Dates To:    /    /  From:    /    /	Name of Employer: _____ Address: _____ City/State: _____ Duties: _____
Dates To:    /    /  From:    /    /	Name of Employer: _____ Address: _____ City/State: _____ Duties: _____
Dates To:    /    /  From:    /    /	Name of Employer: _____ Address: _____ City/State: _____ Duties: _____
Dates To:    /    /  From:    /    /	Name of Employer: _____ Address: _____ City/State: _____ Duties: _____

\*\*\*Attach additional pages if needed.\*\*\*

**SECTION 4 - PRIOR LICENSING or PERMITS**

Have you ever applied for or been issued a massage therapist license or permit, or a massage establishment license or permit in **Overland Park** or **any other city or state**?

- No - Proceed to Section 5
- Yes - Please complete the section below *(Attach additional pages if needed.):*

For Each license or permit held, please answer the following:

1. Type of license/permit ( <i>check one</i> ): <input type="checkbox"/> Therapist <input type="checkbox"/> Establishment  City/State: _____ Current Status: _____ (i.e., active, expired, denied, revoked, suspended)	Dates From:    /    / To:    /    /
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**SECTION 4 - PRIOR LICENSING or PERMITS (cont'd)**

2. Type of license/permit ( <i>check one</i> ): <input type="checkbox"/> Therapist <input type="checkbox"/> Establishment City/State: _____ Current Status: _____ (i.e., active, expired, denied, revoked, suspended)	Dates From: ____ / ____ / ____ To: ____ / ____ / ____
3. Type of license/permit ( <i>check one</i> ): <input type="checkbox"/> Therapist <input type="checkbox"/> Establishment City/State: _____ Current Status: _____ (i.e., active, expired, denied, revoked, suspended)	Dates From: ____ / ____ / ____ To: ____ / ____ / ____
4. Type of license/permit ( <i>check one</i> ): <input type="checkbox"/> Therapist <input type="checkbox"/> Establishment City/State: _____ Current Status: _____ (i.e., active, expired, denied, revoked, suspended)	Dates From: ____ / ____ / ____ To: ____ / ____ / ____
5. Type of license/permit ( <i>check one</i> ): <input type="checkbox"/> Therapist <input type="checkbox"/> Establishment City/State: _____ Current Status: _____ (i.e., active, expired, denied, revoked, suspended)	Dates From: ____ / ____ / ____ To: ____ / ____ / ____

Have you ever had a **massage therapist application, license or permit**, or a **massage establishment application, license or permit** denied, suspended, revoked or voluntarily surrendered in lieu of revocation or suspension by Overland Park, or any other city, state or local agency?

- No - Proceed to Section 5
- Yes - Please complete the following information (*Attach additional pages if needed.*):

For EACH application, license or permit denied, suspended, revoked, or voluntarily surrendered in lieu of revocation or suspension, please answer the following:

1. Name of City, State or Local Agency: _____ Date: ____ / ____ / ____ Reason: _____
2. Name of City, State or Local Agency: _____ Date: ____ / ____ / ____ Reason: _____
3. Name of City, State or Local Agency: _____ Date: ____ / ____ / ____ Reason: _____
4. Name of City, State or Local Agency: _____ Date: ____ / ____ / ____ Reason: _____

\*\*\*Attach additional pages if needed.\*\*\*

**SECTION 5 - BACKGROUND QUALIFICATIONS**

1.	Have you ever been convicted, diverted or given an SIS (suspended imposition of sentence) of a <b>felony in the 20 years immediately preceding the date of application?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you ever been convicted, diverted or given an SIS (suspended imposition of sentence) of an offense <b>involving sexual misconduct with children?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have you ever been convicted, diverted or given an SIS (suspended imposition of sentence) on a charge of <b>obscenity?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you ever been convicted, diverted or given an SIS (suspended imposition of sentence) on a charge of <b>promoting prostitution as defined by K.S.A. 21-3513?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have you ever been convicted, diverted or given an SIS (suspended imposition of sentence) on a charge of <b>solicitation of a lewd or unlawful act?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Have you ever been convicted, diverted or given an SIS (suspended imposition of sentence) on a charge of <b>prostitution or related charge?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have you ever been convicted, diverted or given an SIS (suspended imposition of sentence) on a charge of <b>pandering or other sexually related offense?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Have you ever been convicted, diverted or given an SIS (suspended imposition of sentence) <b>of any violation of OPMC 5.50 chapter in the last year, or any revocation of your therapist license within the last year?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**If you answered yes to any of the above questions, please complete the following:**

<u>Date</u>	<u>Charge</u>	<u>Jurisdiction</u> <i>(City/State)</i>	<u>Sentence/Penalty</u>	<u>Status of Case</u>

**Note: Failure to disclose prior convictions could lead to an automatic denial of license for one (1) year. If you have a history of charges, every sequential application must have this section filled out.**

**SECTION 6 - APPLICANT DOCUMENTATION & SIGNATURE**

As provided in Overland Park Municipal Code 5.50.500:

**NEW applicants** must include the following:

- Proof of successful completion of a course of instruction (certified/embossed transcripts) minimum 500 hours
- Proof of National Certification Examination for Therapeutic Massage and Bodywork (NCBTMB) **or** Massage and Bodywork Licensing Examination (MBLEX)
- Proof of a minimum of 12 hours of continuing education within the last year when the above (NCBTMB) **or** (MBLEX) certification is more than a year old.
- Fingerprint Card (ORI - KS0460600 / FD-258 format)

**EXPIRED applicants (Current license has expired.)** must include the following:

- Proof of successful completion of a course of instruction (certified/embossed transcripts) minimum 500 hours
- Proof of a minimum of 12 hours of continuing education within the last year (Submission of last years CEU's will not be accepted)
- Proof of National Certification Examination for Therapeutic Massage and Bodywork (NCBTMB) **or** Massage and Bodywork Licensing Examination (MBLEX)

**RENEWING applicants** must include the following:

- Proof of a minimum of 12 hours of continuing education within the last year (Submission of last years CEU's will not be accepted)

**ALL applicants and ADDITIONAL applicants** must include the following:

- Two recent passport photographs at least 2" x 2"
- Current First Aid **and** CPR certification (online only will not be accepted)
- Valid ID and/or Work Visa

**Once my application has been approved and the license is ready:** (*select one*)

- Call me at the preferred phone number for pick-up at City Hall
- Mail my license to the establishment
- Mail my license to my home

**I have been provided a copy of OPMC Chapter 5.50.** Yes  No

Please read and sign the following.

**APPLICATION MUST BE COMPLETED IN FULL**

I declare (or verify, certify or state) under penalty of perjury that the above information is true and correct to the best of my knowledge and belief and that any knowingly made false, misleading or fraudulent statement in this application of in any document required by the City of Overland Park, Kansas, in conjunction therewith will be grounds for rejection of this application, or ground for the revocation or suspension of any license issued by the City of Overland Park, Kansas, on the basis of such information.

Further, I hereby authorize the City of Overland Park, 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.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR CITY CLERK OFFICE USE ONLY**

Identification Card    Date Issued: \_\_\_\_\_

Effective Dates:    From: \_\_\_\_\_    To: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

## AUTHORITY TO RELEASE INFORMATION

To Whom it may concern:

The undersigned hereby authorizes the City of Overland Park, and its employees, agents, and representatives to conduct an investigation into my background for the purposes of determining my suitability for a massage therapist license, I authorize any government or private entity to release any and all information related to my employment or licensure, to include, but not limited to; date of hire, date of termination, and position. I also authorize any information concerning licensing, denial of license, licensure investigation or discipline, or revocation of license to be released. I also request that you release any and all criminal history information, law enforcement action, citations, or complaints which are associated with me.

Any entity is authorized to issue this information either in writing or verbally, as is requested by the City of Overland Park, its employees, agents, or representatives. This authorization supersedes any prior request or authorization which is contrary to this release. A photocopy, .pdf, facsimile or other similar reproduction of this document shall be as effective and valid as the original.

This release shall be effective for one year from the date below.

Applicant's Name: \_\_\_\_\_

Also known as: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

As a notary public within the County of \_\_\_\_\_ State of \_\_\_\_\_.

My commission expires on \_\_\_\_\_.

Seal

\_\_\_\_\_  
NOTARY PUBLIC