

LICENSE TYPE: NEW RENEWAL

License Effective Date:

From _____
To _____

License No. _____
Receipt No. _____

CITY OF OVERLAND PARK, KANSAS
APPLICATION FOR MASSAGE ESTABLISHMENT LICENSE

FEE: \$300 Nonrefundable

I. Business Establishment

1. Date of Application: _____
2. Name of Business or Establishment: _____
3. Address of Business: _____
4. Name and Address for Owner of Premises upon which establishment is to be located:

5. Business Premise Telephone Number: _____
6. Specific nature of business or services to be provided: _____

II. Applicant or Manager

All applicants must submit written proof of age (copy of driver's license), two 2"x2" passport photographs, and a full set of fingerprints (new applicants).

1. Applicant's Name: _____
2. Home Address: _____
City, State and Zip Code _____
3. Home Telephone #: _____
4. Alternate Phone #: _____
5. Date of Birth: _____
6. Race / Sex: _____
7. Color of Eyes: _____
8. Color of Hair: _____
9. Social Security #: _____
10. Driver's License #: _____

11. Are you a citizen of the United States? Yes , No
If not, are you authorized to work in the United States? Yes , No (Please provide documentation for this authorization.)

12. Name, address, phone number, driver's license number, social security number and date of birth of all owners (if other than applicant), partners (if partnership), stockholders holding 10% or more of the stock of any corporation or manager if different from any of the foregoing:

(Use additional sheets if necessary.)

13. List all businesses owned, occupations held, and employment for three (3) years immediately preceding the filing of this application. (Gaps in employment will delay the application process and will cause the application to be returned.) Show all periods of unemployment.

<u>Previous Business or Employer</u>	<u>Dates</u>	<u>Address</u>	<u>Position or nature of duties</u>

14. Have you previously been issued a license or permit to operate a massage therapy establishment? Yes No If so,
Where: _____ License No.: _____
15. Have you previously been issued a license or permit to operate an adult entertainment business? Yes No If so,
Where: _____ License No.: _____
16. Have you previously been issued a license or permit to operate an escort service, or have you been employed by any such establishment: Yes No If so,
Where: _____ License No.: _____
17. If you answered yes to Question 14, 15 or 16, how long has business operated?
Was any license or permit previously issued suspended or revoked? Yes No If so, _____
Why: _____ How Long: _____
Was any revoked or suspended license(s) or permit(s) reinstated? Yes No
18. Have you ever been convicted, diverted, or given a suspended imposition of sentence (SIS) of a criminal offense (other than minor traffic violations¹)? Yes , No . If yes, list city, state, date, offense for which convicted, diverted, or SIS imposed.

19. Has any owner, partner (if partnership), stockholder holding 10% or more of the stock of any corporation or manager ever been convicted, diverted, or given a suspended imposition of sentence (SIS) of a criminal offense (other than minor traffic violations¹)? Yes , No . If yes, list city, state, date, offense for which convicted, diverted, or SIS imposed.

20. I have been provided a copy of OPMC Chapter 5.50. Yes No
21. 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 or in any document required by the City of Overland Park, Kansas, in conjunction therewith will be grounds for the rejection of this application, or grounds 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.

Signature

<p>FOR OFFICE USE ONLY:</p> <p>Date (approved) (rejected) _____</p> <p style="text-align: right;">_____ City Clerk</p>

¹ . "Minor Traffic Violations" mean any violation classified as a traffic infraction or ordinance traffic infraction pursuant to K.S.A. 8-2118(c), and amendments thereto.