



**CITY OF MERRIAM, KANSAS**  
**APPLICATION FOR MASSAGE THERAPY ESTABLISHMENT BUSINESS LICENSE**

**All fees are Non-refundable. Massage Therapy Business Licenses are not pro-rated.**

**Business Establishment**

Date of Application: \_\_\_\_\_

Name of Business or Establishment: \_\_\_\_\_

Address of Business: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_

Legal Description of Property where business is to be conducted: \_\_\_\_\_

Name and Address of Owner of Premises upon which establishment is to be located:

\_\_\_\_\_

Specific nature of business or services to be provided: \_\_\_\_\_

**Applicant(s) or Manager as Appropriate**

All applicants must submit written proof of age (copy of driver's license), a photograph, and a full set of Fingerprints.  
(photographs and fingerprints will be produced by the Merriam Police Department)

Applicant or Manager Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Driver's License No. \_\_\_\_\_ Color of eyes: \_\_\_\_\_ Color of hair: \_\_\_\_\_

Name, address, phone, driver's license 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:

Name	Address	Phone	Driver's Lic. #	Date of Birth
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all business, occupations, or employment for the three (3) years immediately preceding the filing of this application.  
Show all periods of unemployment.

Previous Business  
Or Employer

Dates

Address

Position or duties

\_\_\_\_\_

\_\_\_\_\_

Have you previously been issued a license or permit to operate a massage therapy establishment, an adult entertainment business, or escort service, or have you been employed by any such establishment?

No ☐ Yes ☐ If yes, Where? \_\_\_\_\_ When? \_\_\_\_\_

How long was business operated? \_\_\_\_\_

Was such previous license or permit denied, suspended or revoked? No ☐ Yes ☐  
If yes, why? \_\_\_\_\_ How Long? \_\_\_\_\_

Was revoked or suspended license or permit reinstated? Yes ☐ No ☐

Have you ever been convicted of a criminal offense (other than minor traffic offenses)? No ☐ Yes ☐  
If yes, list city, state, and date offense for which convicted and sentence imposed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will the applicant be conducting massage therapy? Yes ☐ No ☐  
If yes, you must also obtain a Massage Therapist License.

**Please read and sign the following. (All signatures must be notarized.)**

I hereby certify 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 Merriam, Kansas, in conjunction therewith will be grounds for the rejection of this application, or grounds for the revocation or suspension of any permit issued by the City of m, Kansas, on the basis of such information.

Further, I hereby authorize the City of Merriam, 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.

STATE OF KANSAS  
COUNTY OF JOHNSON

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_