

**MASSAGE THERAPIST / ESTABLISHMENT LICENSE CHANGE OF INFORMATION**

1101 Poyntz Avenue

City of Manhattan, Kansas 66502

[www.cityofmhk.com](http://www.cityofmhk.com) | (785) 587-2480



**CHANGE OF INFORMATION**

(Must be provided to the City Clerk’s Office at least fourteen (14) days prior to the effective date of the change)

**LICENSEE INFORMATION (fill out completely):**

Last Name	First Name	Middle Name	Gender	Date of Birth
Other Names Used		Maiden Name		Phone Number
Address	City	State	County	Zip Code
Email			City-Issued License No.	

**CHANGE OF INFORMATION**

Provide below a description of the change of information provided in the original application for massage therapist license or massage therapy establishment license. Changes to the name and/or location of a city-licensed therapy establishment require submission of a new massage therapy establishment license application. Updates or changes to licensee and/or operators of a massage therapy establishment require completion of the operator information form, which must be signed and attached to this change of information form:

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**LICENSEE VERIFICATION**

I, \_\_\_\_\_, massage therapist or establishment licensee swear that the change to the facts and/or information provided in the original application under the above issued license number, including any attachments, are true, complete, and accurate to the best of my knowledge. I further certify that the information contained herein, including any attachments, do not contain any fraudulent, misrepresented, or false statements.

\_\_\_\_\_  
Licensee Signature

\_\_\_\_\_  
Date