

MASSAGE THERAPY ESTABLISHMENT LICENSE APPLICATION

1101 Poyntz Avenue
 City of Manhattan, Kansas, 66502
www.cityofmhk.com | (785) 587-2480



Select Application Type:

New

Renewal

ESTABLISHMENT & LOCATION INFORMATION:

Name of the massage therapy establishment		Is establishment a residential home or building? Yes / No If yes, completion of Zoning Regulation Acknowledgment is required		
		<input type="checkbox"/> Zoning Regulation Acknowledgment Attached		
Establishment Location Address	City	State	County	Zip Code
Establishment Mailing Address	City	State	County	Zip Code
Hours of Operation		Business Phone Number		
List the exact nature of services to be offered or provided within the massage therapy establishment:				

Owner of Premises (if not the applicant)		Owner Mailing Address		
City	State	County	Zip Code	<input type="checkbox"/> Copy of Lease attached

LICENSE APPLICANT INFORMATION:

Last Name	First Name	Middle Name	Gender	Date of Birth
Other Names Used		Maiden Name		Phone Number
Address	City	State	County	Zip Code
Email			<input type="checkbox"/> Photo ID attached	

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PAST EMPLOYMENT of APPLICANT

List all employment held within the past three (3) years immediately preceding the date of this application (use additional paper, if necessary).

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

BACKGROUND INFORMATION

Have you had a massage therapy establishment or massage therapist license or permit denied, revoked or suspended, or voluntarily surrendered such permit or license in lieu of revocation or suspension, by a city or by any other state or local jurisdiction within the last ten years, and if so why?

- No
- Yes – complete section below (Use additional paper, if necessary.)

For each massage therapy establishment or massage therapist license or permit denied, revoked or suspended, or voluntarily surrendered such permit or license in lieu of revocation or suspension, please answer the following:

1. Name of City, State or Local Agency: _____

Date of denial revocation, suspension, voluntary surrender in lieu of revocation or current suspension: _____

Reason for denial, revocation, suspension, voluntary surrender in lieu of revocation or current suspension:

2. Name of City, State or Local Agency: _____

Date of denial, revocation, suspension, voluntary surrender in lieu of revocation or current suspension: _____

Reason for denial, revocation, suspension, voluntary surrender in lieu of revocation or current suspension:

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ESTABLISHMENT LICENSE APPLICATION CHECKLIST

Incomplete application packets will not be accepted. Below is a list of required items that make up a complete application:

- Fully completed Massage Therapy Establishment License Application – signed, dated
- Copy of lease agreement (if property not owned by applicant)
- Copy of Zoning Regulation Acknowledgment (if property is a residence)
- Photocopies of current State or Federal Issued Photo Identification Card enlarged (applicant and all operators)
- Operator Information – signed, dated
- Criminal Background Investigation Waiver – signed, dated
- Cash or check payable to the CITY OF MANHATTAN.
Application/Renewal/Change of Location Fee (biennial) \$200

APPLICANT VERIFICATION

I, _____, certify that the facts and information in this application, including any attachments, are true, complete, and accurate to the best of my knowledge. I further certify that this application, including any attachments, do not contain any fraudulent, misrepresented, or false statements.

Applicant Signature

Date

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OPERATOR INFORMATION (if applicable)

The application must include information related to each operator of the establishment. An ‘operator’ means the following persons: (a) A massage therapy establishment licensee; (b) Any person with a financial interest in the partnership, corporation, limited liability company, or other type of organization that owns or operates the massage therapy establishment license, if such person who has more than a ten percent interest in such entity; or (c) Any person whom the licensee designates on the massage therapy establishment license as a person who may be principally in charge of a massage therapy establishment at any given time, including but not limited to a manager. (Fill out duplicate copy of these two pages if needed). An operator of the establishment not provided on this application or after the issuance of the establishment license not subsequently updated with the City of Manhattan at least fourteen days prior to the change in operators taking effect shall be grounds for revocation of the establishment license.

Last Name	First Name	Middle Name	Gender	Date of Birth
Other Names Used		Maiden Name		Phone Number
Address	City	State	County	Zip Code
Email			<input type="checkbox"/> Photo ID attached	

OPERATOR BACKGROUND INFORMATION

Have you had a massage therapy establishment or massage therapist license or permit denied, revoked or suspended, or voluntarily surrendered such permit or license in lieu of revocation or suspension, by a city or by any other state or local jurisdiction within the last ten years, and if so why?

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

For each massage therapy establishment or massage therapist license or permit denied, revoked or suspended, or voluntarily surrendered such permit or license in lieu of revocation or suspension, please answer the following:

1. Name of City, State or Local Agency: _____

Date of denial revocation, suspension, voluntary surrender in lieu of revocation or current suspension: _____

Reason for denial, revocation, suspension, voluntary surrender in lieu of revocation or current suspension:

2. Name of City, State or Local Agency: _____

Date of denial, revocation, suspension, voluntary surrender in lieu of revocation or current suspension: _____

Reason for denial, revocation, suspension, voluntary surrender in lieu of revocation or current suspension:

MESSAGE THERAPY ESTABLISHMENT LICENSE APPLICATION

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OPERATOR CRIMINAL BACKGROUND INFORMATION

Are you currently or have you been in the last five years a registered sex offender or in the past five years, been convicted of any felony or any crime involving moral turpitude?

(see Code of Ordinances, Sec. 19-61 for definition of crimes of moral turpitude)

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

For each registration or conviction, answer the following:

Date of registration and/or conviction: _____

Name of jurisdiction where registration and/or conviction occurred: _____

Name or description of offense of registration and/or conviction:

OPERATOR VERIFICATION

I, _____, swear under oath that the facts and information I have provided regarding operator information, including any attachments, are true, complete, and accurate to the best of my knowledge. I further swear under oath that information I have provided regarding operator information, including any attachments, do not contain any fraudulent, misrepresented, or false statements.

Operator Signature

Date

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FOR OFFICE USE ONLY:

- Completed application with signatures from applicant and operators
- Photocopies of current State or Federal Issued Identification Card of applicant and operators

Application Fee - \$200

Cash _____ Check # _____ Receipt # _____ \$ _____ Total

Customer Service Background Check:

Approved Denied Date _____ by _____

Zoning Approval

Approved Denied Date _____ by _____

Risk Reduction Approval

Approved Denied Date _____ by _____

City Clerk Review

Approved Denied Date _____ by _____

License Number Establishment License No. _____ Expiration Date _____

MASSAGE THERAPIST / THERAPY ESTABLISHMENT LICENSE APPLICATION
CRIMINAL BACKGROUND INFORMATION & WAIVER

APPLICANT INFORMATION

Last Name	First Name	Middle Name	Gender	Date of Birth
Maiden/Other Names Used		Social Security Number		Phone Number
Address	City	State	County	Zip Code

APPLICANT CRIMINAL BACKGROUND INFORMATION

Are you currently or have you been in the last five years a registered sex offender or in the last five years been convicted of any felony or any crime involving moral turpitude?

(see Code of Ordinances, Sec. 19-61 for definition of crimes involving moral turpitude)

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

For each registration or conviction, answer the following:

Date of registration and/or conviction: _____

Name of jurisdiction where registration and/or conviction occurred: _____

Name or description of offense of registration and/or conviction:

CRIMINAL BACKGROUND INVESTIGATION WAIVER

I, _____, authorize the City of Manhattan to use the above information to conduct a criminal records background investigation on me. I understand that the information obtained through the investigation will be used to determine whether or not I am issued a Massage Therapist License and/or Therapy Establishment License in the City of Manhattan. I certify the information I provided in this document is true, complete, and accurate to the best of my knowledge and do not contain any fraudulent, misrepresented, or false statements.

Applicant Signature

Date