

**CITY OF OLATHE, KANSAS
MESSAGE ESTABLISHMENT APPLICATION**



NEW: _____ **RENEWAL:** _____

1. Message Establishment Name: _____

Address: _____

City: _____ Olathe _____ State: _____ Kansas _____ Zip: _____

Telephone #: _____

2. Services to be provided: _____

3. Has the massage establishment's license ever been suspended or revoked?

Yes: _____ No: _____ If yes, the reason:

4. Applicant, Manager or Person in Charge of Massage Establishment Operations:

Name: _____

First

Middle

Last

Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Telephone #: _____ DOB: _____

SSN: _____ HT: _____ WT: _____

Color Hair: _____ Color Eyes: _____

Have you made application as the Applicant, Manager or Person in Charge of
Massage Establishment Operations or been licensed to operate this or any other
Olathe massage establishment in the past? Yes: _____ No: _____

Have you ever had a massage establishment license from any jurisdiction suspended or revoked while working in the capacity of the Applicant, Manager or Person in Charge of Massage Establishment Operations?

Yes: _____ No: _____ If yes, the reason:

List all place(s) of employment for the past three (3) years: (Use extra sheets if necessary):

Have you ever been convicted of any criminal offense other than minor traffic violations within the past five years? Yes: _____ No: _____ If yes, give the jurisdiction in which convicted, the offense for which convicted, and the circumstances thereof:

5. Name, address, telephone number and birth date of each stockholder owning more than ten (10%) of the corporation, any partner, if a partnership and any manager:

6. I affirm the listed and attached information is true and correct and hereby authorize the City and its agents and employees to seek information and conduct an investigation into the truth of the statements in this application. I further acknowledge that making a false, misleading or fraudulent statements on this application will be grounds for denial or revocation of this license.

Applicant/Manager/Person in Charge Signature

Date

Title

State of _____

County of _____

Sworn and subscribed to this

_____, day of _____, _____.

Notary Signature and Seal

Items required that must accompany this application:

1. Copy of current driver's license
2. Massage Establishment License Fee - \$125.00

Fee should be made payable to: City of Olathe