

APPLICATION FOR MASSAGE ESTABLISHMENT EMPLOYEE PERMIT
 (PLEASE PRINT OR TYPE. ADDITIONAL PAGES MAY BE ADDED IF NECESSARY)

 DATE OF APPLICATION

 BUSINESS OF EMPLOYMENT

 MISSOURI MASSAGE THERAPIST LICENSE NUMBER

 BUSINESS PHONE

APPLICANT INFORMATION

 FULL LEGAL NAME (Last, First, Middle)

 CURRENT RESIDENCE (ADDRESS, CITY, STATE, ZIP)

 PHONE NUMBER

 SOCIAL SECURITY NUMBER

 WEIGHT

 HEIGHT

 HAIR COLOR

 EYE COLOR

YES NO
 IS APPLICANT 18 YEARS OF AGE OR OLDER?

ARE YOU A UNITED STATES CITIZEN YES NO

IF NO, APPLICANT MUST SUBMIT DOCUMENTATION PROVING HE OR SHE HAS A LAWFUL RIGHT TO WORK IN THE UNITED STATES.

PROVIDE BUSINESS, OCCUPATION OR EMPLOYMENT FOR THE THREE YEARS IMMEDIATELY PRECEDING THE DATE OF APPLICATION. ADDITIONAL PAGES MAY BE ADDED IF NECESSARY.

 NAME OF BUSINESS OR OCCUPATION

 ADDRESS

 PHONE

 DATES OF EMPLOYMENT

 POSITION(S) HELD

 CONTACT PERSON – NAME, ADDRESS AND TELEPHONE NUMBER

 NAME OF BUSINESS OR OCCUPATION

 ADDRESS

 PHONE

 DATES OF EMPLOYMENT

 POSITION(S) HELD

 CONTACT PERSON – NAME, ADDRESS AND TELEPHONE NUMBER

 NAME OF BUSINESS OR OCCUPATION

 ADDRESS

 PHONE

 DATES OF EMPLOYMENT

 POSITION(S) HELD

 CONTACT PERSON – NAME, ADDRESS AND TELEPHONE NUMBER

APPLICANT'S CRIMINAL HISTORY

HAVE YOU BEEN CONVICTED IN MISSOURI OR ANY OTHER JURISDICTION FOR OFFENSES OTHER THAN MINOR TRAFFIC VIOLATIONS? IF YES PLEASE LIST THE OFFENSES BELOW: YES NO

Date	Jurisdiction/Court	Type of Offense	Sentence

APPLICANTS MUST ALSO PROVIDE THE FOLLOWING WITH THIS COMPLETED APPLICATION:

1. Proof of State of Missouri massage therapist license.
2. Two portrait photographs at least two inches by two inches (2" x 2") in size.
3. Fingerprints taken by a representative of the North Kansas City Police Department.
4. Notarized waiver authorizing the City to conduct an investigation into the truth of statements set forth in the application and the qualifications of the applicant for the permit. (Attached)
5. An application fee in the amount \$35.00.

My signature below certifies that all information provided as part of this application is true and correct to the best of my knowledge.

APPLICANT'S SIGNATURE

DATE

Upon completion, please call the police department administrative assistant at 816-412-7908 between the hours of 8:00 a.m. and 4:30 p.m. to schedule an appointment and ensure that fingerprinting can be done at the time the application is submitted.

AT THE TIME OF YOUR APPOINTMENT, PLEASE RESPOND TO:

NORTH KANSAS POLICE DEPARTMENT
2ND FLOOR ADMINISTRATION WINDOW
2020 HOWELL STREET
NORTH KANSAS CITY

THE CHIEF OF POLICE SHALL ISSUE AN EMPLOYEE PERMIT WITHIN TWENTY-ONE (21) CALENDAR DAYS FOLLOWING THE RECEIPT OF A COMPLETE APPLICATION UNLESS:

1. the applicant is under the age of 18.
2. the applicant has been convicted of any felony or any offense involving sexual misconduct, obscenity, solicitation or a lewd or unlawful act, prostitution, or pandering.
3. the applicant has knowingly made any false, misleading, or fraudulent statement of fact in the permit application or in any document required by the city in conjunction therewith.
4. the applicant is otherwise not qualified, as set forth by the provisions of the code

Massage therapists shall, at all times when working in a massage establishment, have in their possession a valid permit identification card issued by the city and keep their permit card available for inspection upon request of any person who by law may inspect same.

THIS SPACE FOR INTERNAL USE

DATE RECEIVED	RECEIVED BY	PROCESS COMPLETION DATE
APPROVED NO	APPLICANT NOTIFIED	DATE APPLICANT NOTIFIED

YES

YES NO

AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT

TO WHOM IT MAY CONCERN: I am an applicant for issuance of a massage establishment permit or massage employee permit with the City of North Kansas City. The North Kansas City Police Department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to be issued the permit for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the North Kansas City Police Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the North Kansas City Police Department, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the North Kansas City Police Department to consider in determining my qualification for obtaining either of the aforementioned permits.

I consent to your release of any and all public information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency rating, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of the _____ organization, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the North Kansas City Police Department regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the North Kansas City Police Department's acceptance and processing of my application for issuance of a massage establishment permit or massage employee permit, I agree to hold the _____, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the North Kansas City Police Department. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, section 552a, the Privacy Act of 1974, with regard to access and to disclosure or records, and I waive those rights with the understanding that information furnished will be used by the North Kansas City Police Department in conjunction with permit issuance procedures.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or Fax copy does not contain an original writing of my signature.

This waiver is valid for a period of **90 days** from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to indemnify and hold harmless the person to whom the request is presented and his/her agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

SIGNATURE: _____

Address: _____

Subscribed and sworn before me, this
____ day of _____, 20____.

Phone: _____ DOB: _____

Soc. Sec. #: _____

NOTARY