

**RENEWAL APPLICATION FOR MASSAGE ESTABLISHMENT PERMIT**

PLEASE REVIEW THE ATTACHED APPLICATION SUBMITTED BY THIS ESTABLISHMENT FOR THE PREVIOUS YEAR.

CHECK THE APPLICABLE BOX BELOW:

- THERE ARE NO CHANGES FROM THE ATTACHED PREVIOUS YEAR ESTABLISHMENT PERMIT. I HAVE SIGNED AND DATED THE LAST PAGE OF THIS RENEWAL APPLICATION CERTIFYING THIS AS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.
- THERE ARE CHANGES FROM THE ATTACHED PREVIOUS YEAR ESTABLISHMENT PERMIT. CHANGES ARE PROVIDED IN THE CORRESPONDING AREAS OF THIS RENEWAL APPLICATION. I HAVE SIGNED AND DATED THE LAST PAGE OF THIS RENEWAL APPLICATION CERTIFYING THE NEW INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
 BUSINESS OR TRADE NAME OF APPLICANT

\_\_\_\_\_  
 ADDRESS OF BUSINESS

\_\_\_\_\_  
 BUSINESS PHONE

\_\_\_\_\_  
 DATE OF APPLICATION

\_\_\_\_\_  
 MISSOURI MASSAGE THERAPY BUSINESS LICENCE NUMBER

\_\_\_\_\_  
 MISSOURI SALES TAX NUMBER

APPLICANT INFORMATION					
_____ FULL NAME (Provide all other names used presently or in the past)					
_____ DATE OF BIRTH	_____ STATE OR FEDERAL IDENTIFICATION NUMBER FROM A VALID GOVERNMENT ISSUED DOCUMENT	_____ SOCIAL SECURITY NUMBER			
_____ CURRENT RESIDENCE (ADDRESS, CITY, STATE, ZIP)				_____ PHONE NUMBER	
<input type="checkbox"/> Male <input type="checkbox"/> Female GENDER	_____ WEIGHT	_____ HEIGHT	_____ HAIR COLOR	_____ EYE COLOR	
ARE YOU A UNITED STATES CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, APPLICANT MUST SUBMIT DOCUMENTATION PROVING HE OR SHE HAS A LAWFUL RIGHT TO WORK IN THE UNITED STATES.					
<b>PROVIDE THE TWO MOST PREVIOUS ADDRESSES AND DATES OF RESIDENCE AT EACH.</b>					
_____ ADDRESS			_____ DATE AT RESIDENCE		
_____ ADDRESS			_____ DATE AT RESIDENCE		
DOES THE APPLICANT LISTED ABOVE INTEND TO PERSONALLY PROVIDE MASSAGE THERAPY SERVICES AT THE BUSINESS? IF YES, PLEASE PROVIDE PROOF OF A STATE ISSUED MASSAGE THERAPY LICENSE WITH SUBMISSION OF THIS APPLICATION. <input type="checkbox"/> YES <input type="checkbox"/> NO					
<b>PROVIDE INFORMATION REQUESTED BELOW FOR ALL OTHER BUSINESSES IN WHICH THE APPLICANT HAS OWNED OR BEEN EMPLOYED BY WITHIN THE PAST SEVEN YEARS.</b>					
_____ NAME OF BUSINESS		_____ ADDRESS		_____ PHONE	
_____ DATES OF EMPLOYMENT		_____ POSITION(S) HELD			
_____ CONTACT PERSON – NAME, ADDRESS AND TELEPHONE NUMBER					

NAME OF BUSINESS	ADDRESS	PHONE
DATES OF EMPLOYMENT _____ TO _____	POSITION(S) HELD _____	

CONTACT PERSON – NAME, ADDRESS AND TELEPHONE NUMBER

NAME OF BUSINESS	ADDRESS	PHONE
DATES OF EMPLOYMENT _____ TO _____	POSITION(S) HELD _____	

CONTACT PERSON – NAME, ADDRESS AND TELEPHONE NUMBER

APPLICANT SHALL DISCLOSE OR DECLARE THAT WITHIN THE SEVEN YEARS PRECEDING SUBMISSION OF THIS RENEWAL APPLICATION, THE OWNER, OPERATOR, MANAGER, AND/OR RESPONSIBLE MANAGING OFFICER/EMPLOYEE:

- A. had a massage establishment, massage therapist, or other similar permit of license denied, suspended, or revoked by the city or any other federal, state, or local agency?  YES  NO
- B. engaged in conduct or operated a massage therapy or similar establishment in a manner that would be grounds for denial, suspension, or revocation of a permit under this chapter?  YES  NO
- C. owned or managed a massage establishment or similar establishment where persons required to be licensed were allowed to work without the required license or permit?  YES  NO

IF YOU ANSWERED YES TO A., B., OR C. ABOVE, PLEASE DISCLOSE APPLICABLE INFORMATION BELOW.

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

**PERMIT HISTORY**

Has applicant ever held a professional or vocational license or permit issued by any other agency, board, city, county, or state? If YES, provide the date of issuance of such permit or license; whether or not the permit or license is still in effect; if the permit of license is no longer in effect, whether or not it was revoked or suspended, and if so, the reasons therefor; and the name and location of the jurisdiction or agency that suspended or revoked such license or permit.  YES  NO

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

**APPLICANT'S CRIMINAL HISTORY**

LIST BELOW ANY CONVICTIONS IN MISSOURI OR ANY OTHER JURISDICTION FOR OFFENSES OTHER THAN TRAFFIC VIOLATIONS WITHIN TEN YEARS OF THE DATE OF THIS RENEWAL APPLICATION. THE TERM APPLICANT SHALL APPLY TO:

- A. an individual if the applicant is an individual;
- B. any officers, directors, stockholders holding more than five percent of the stock of the corporation, and the managing responsible officer, if the applicant is a corporation; and
- C. any partners and the managing responsible officer, if the applicant is a partnership.

Name of Offender	Position w/Business	Offense	Date

### OTHER MESSAGE BUSINESSES OR SIMILAR ESTABLISHMENTS

PROVIDE THE NAME, ADDRESS, AND TELEPHONE NUMBER OF ANY MESSAGE BUSINESS OR OTHER SIMILAR ESTABLISHMENT OWNED OR OPERATED BY ANY PERSON WHOSE NAME IS REQUIRED TO BE LISTED ON THIS RENEWAL APPLICATION.

_____ NAME	_____ ADDRESS	_____ PHONE
_____ NAME	_____ ADDRESS	_____ PHONE
_____ NAME	_____ ADDRESS	_____ PHONE

### LEGAL BUSINESS ORGANIZATION INFORMATION

- CORPORATION
  PARTNERSHIP
  LIMITED PARTNERSHIP
  SOLE PROPRIETOR

PLEASE PROVIDE APPROPRIATE DOCUMENTATION IN ACCORDANCE WITH THE ESTABLISHMENT BUSINESS ORGANIZATION TYPE, AS DEFINED BELOW, WITH THE SUBMISSION OF THIS RENEWAL APPLICATION.

If the applicant is a **CORPORATION**, the name of the corporation shall be set forth exactly as shown in its articles of incorporation or charter, together with the state and date of incorporation and the name, residential address, and telephone number of each of its current officers and directors, along with the amount of stock held. The applicant shall designate one of its officers to act as its responsible managing officer.

If the applicant is a **PARTNERSHIP**, the application shall set forth the name, residential address, and telephone number of each of the partners. If one or more of the partners is a corporation, the provisions listed above pertaining to corporate applicants shall apply to the corporate partner. The applicant shall designate one of its officers or general partners to act as its responsible managing officer.

If the applicant is a **LIMITED PARTNERSHIP**, it shall furnish a copy of its certificate of limited partnership. If one or more of the partners is a corporation, the provisions listed above pertaining to corporate applicants shall apply to the corporate partner. The applicant shall designate one of its officers or general partners to act as its responsible managing officer.

### ESTABLISHMENT EMPLOYEE INFORMATION

PROVIDE BELOW THE NAMES OF ANY EMPLOYEES TERMINATED PRIOR TO THIS RENEWAL PERIOD, AND THE NAME, ADDRESS, TELEPHONE NUMBER AND DATE OF BIRTH FOR EACH **NEW** MESSAGE THERAPIST OR EMPLOYEE WHO IS, OR WILL BE, EMPLOYED BY THE MESSAGE ESTABLISHMENT DURING THIS RENEWAL PERIOD, REGARDLESS OF THE NATURE OF THE EMPLOYMENT.

<input type="checkbox"/> NEW EMPLOYEE FOR THIS RENEWAL PERIOD <input type="checkbox"/> TERMINATED	_____ NAME	_____ ADDRESS	_____ PHONE	_____ DATE OF BIRTH
<input type="checkbox"/> NEW EMPLOYEE FOR THIS RENEWAL PERIOD <input type="checkbox"/> TERMINATED	_____ NAME	_____ ADDRESS	_____ PHONE	_____ DATE OF BIRTH
<input type="checkbox"/> NEW EMPLOYEE FOR THIS RENEWAL PERIOD <input type="checkbox"/> TERMINATED	_____ NAME	_____ ADDRESS	_____ PHONE	_____ DATE OF BIRTH
<input type="checkbox"/> NEW EMPLOYEE FOR THIS RENEWAL PERIOD <input type="checkbox"/> TERMINATED	_____ NAME	_____ ADDRESS	_____ PHONE	_____ DATE OF BIRTH
<input type="checkbox"/> NEW EMPLOYEE FOR THIS RENEWAL PERIOD <input type="checkbox"/> TERMINATED	_____ NAME	_____ ADDRESS	_____ PHONE	_____ DATE OF BIRTH
<input type="checkbox"/> NEW EMPLOYEE FOR THIS RENEWAL PERIOD <input type="checkbox"/> TERMINATED	_____ NAME	_____ ADDRESS	_____ PHONE	_____ DATE OF BIRTH

Additional information:

**THE APPLICANT SHALL ALSO PROVIDE THE FOLLOWING, WITH SUBMISSION OF THIS ESTABLISHMENT APPLICATION.**

- A. Proof of state issued licenses for any ADDITIONAL EMPLOYEES or INDEPENDENT CONTRACTORS, not listed on the previous year application, who will perform massage services at the massage establishment.
- B. Two recent, identical, passport-size color photographs of ANY NEW EMPLOYEES or INDEPEPENT CONTRACTORS, not listed on the previous year application, who will be performing massage services at the applicant’s massage establishment. Photographs shall be included with the submission of this establishment application.
- C. Notarized waiver authorizing the city to conduct an investigation into the truth of statements set forth in the renewal application. (Attached)
- D. Such other identification and information shall be provided as required by the Chief of Police, necessary to discover the truth of the matters specified and required in the application.

**FINANCIAL INTERESTS IN THE BUSINESS**

PLEASE PROVIDE THE NAMES AND ADDRESSES OF ALL PERSONS FINANCIALLY INTERESTED IN THE BUSINESS, IF DIFFERENT FROM INFORMATION PROVIDED IN THE PREVIOUS YEAR APPLICATION.

_____	_____
NAME	ADDRESS
_____	_____
NAME	ADDRESS
_____	_____
NAME	ADDRESS
_____	_____
NAME	ADDRESS

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

\_\_\_\_\_  
APPLICANT’S SIGNATURE

\_\_\_\_\_  
DATE

Please submit the completed and signed renewal application to:

STEVE BEAMER, CHIEF OF POLICE  
NORTH KANSAS CITY POLICE DEPARTMENT  
2020 HOWELL STREET  
NORTH KANSAS CITY, MO 64116

**THIS SPACE FOR INTERNAL USE**

DATE RECEIVED	RECEIVED BY	PROCESS COMPLETION DATE
APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO	APPLICANT NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE APPLICANT NOTIFIED