



611 Mulberry Road, Suite 300
 Derby, KS 67037
 Phone 316-788-3081
www.derbyks.com

**Application for
 Massage Therapy Business**

*Fee: \$200 New Renewal

*The fee required for this application is \$200; by submitting this amount, the \$20 business registration fee is waived.

**Type of Business: Individual Corporation LLC Partnership

**** ADDITIONAL INFORMATION REQUIRED**

Provide a Certificate of Good Standing from Kansas, or other state of incorporation or registration, if the applicant is a corporation, partnership or limited liability company.

LICENSE APPLICANT INFORMATION:

First Name:	Middle Name:	Last Name:	Date of Birth:	Gender / Race
Aliases:	Maiden Name:	Social Security #:	Driver's License #:	
Address:	City:	State:	Zip Code:	Country:
Email:	Home Phone:	Cell Phone:		

BUSINESS INFORMATION:

Business Entity Name:	Type of business organization/entity:	Phone:
Business Mailing Address:		
City:	County:	State: Zip Code:
Owner of Premises:		Hours of Operation:

LOCATION INFORMATION:

Name of Business and/or DBA name:			
Location Street Address:			
City:	County:	State:	Zip Code:
Owner of Premises:		Hours of Operation:	

BUSINESS OWNERSHIP INFORMATION — The following information must be provided for all individual owners, partners, officers, directors, managers, members or persons owning more than 5% of the common or preferred stock of the business.

First Name:	Middle Name:	Last Name:	Date of Birth:	Gender / Race
Aliases:	Maiden Name:	Social Security #:	Driver's License #:	
Address:	City:	State:	Zip Code:	Country:
Email:	Home Phone:	Cell Phone:		

First Name:	Middle Name:	Last Name:	Date of Birth:	Gender / Race
Aliases:	Maiden Name:	Social Security #:	Driver's License #:	
Address:	City:	State:	Zip Code:	Country:
Email:	Home Phone:	Cell Phone:		

First Name:	Middle Name:	Last Name:	Date of Birth:	Gender / Race
Aliases:	Maiden Name:	Social Security #:	Driver's License #:	
Address:	City:	State:	Zip Code:	Country:
Email:	Home Phone:	Cell Phone:		

First Name:	Middle Name:	Last Name:	Date of Birth:	Gender / Race
Aliases:	Maiden Name:	Social Security #:	Driver's License #:	
Address:	City:	State:	Zip Code:	Country:
Email:	Home Phone:	Cell Phone:		

First Name:	Middle Name:	Last Name:	Date of Birth:	Gender / Race
Aliases:	Maiden Name:	Social Security #:	Driver's License #:	
Address:	City:	State:	Zip Code:	Country:
Email:	Home Phone:	Cell Phone:		

BUSINESS, OCCUPATION OR EMPLOYMENT INFORMATION

The following must be provided for the applicant for five years immediately preceding the date of application. If applicant operated a business, then please state clearly.

+ = And/or other massage therapy practitioners with whom the applicant was employed, affiliated or shared office space.

Current Employer:	Dates:	Address, City, ST, Zip:	Position or Nature of Duties:
Message related? Y / N	Supervisor:	Phone number:	+ Name massage therapists you worked with:
Employer/Operator	Dates:	Address, City, ST, Zip:	Position or Nature of Duties:
Message related? Y/N Y / N	Supervisor:	Phone number:	+ Name massage therapists you worked with:
Employer:	Dates:	Address, City, ST, Zip:	Position or Nature of Duties:
Message related? Y/N Y / N	Supervisor:	Phone number:	+ Name massage therapists you worked with:
Employer: Y / N	Dates:	Address, City, ST, Zip:	Position or Nature of Duties:
Message related? Y/N Y / N	Supervisor:	Phone number:	+ Name massage therapists you worked with:
Employer:	Dates:	Address, City, ST, Zip:	Position or Nature of Duties:
Message related? Y/N Y / N	Supervisor:	Phone number:	+ Name massage therapists you worked with:

BACKGROUND QUALIFICATIONS – If the answer to any question is yes, provide explanation on separate page and attach to your application.

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1) Has any person listed previously on this application been convicted of or been on diversion or deferred judgement for any felony or crime of *moral turpitude? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Is any person listed previously on this application currently under indictment, charge or information for any felony or any crime of *moral turpitude? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Is any person listed previously on this application a registered sex offender? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Has any person or business listed ever been refused any similar license or had any similar license revoked or suspended? If so, please explain _____ | | |
| _____ | | |
| _____ | | |

I hereby swear under oath that I have read and am familiar with Ordinance 2290 of the City of Derby and with the requirements and regulations thereof as they pertain to my license, and I will comply with such regulations during the term of my license. Further, under penalty of perjury, I certify that all information provided is true and accurate to the best of my knowledge.

Signature of Applicant

Date

“Crimes involving moral turpitude” includes charges of sale of sexual relations, prostitution, buying sexual relations, patronizing a prostitute, human trafficking, promoting prostitution, aggravated human trafficking, sodomy, soliciting for immoral purposes, public nudity, lewd and lascivious behavior, sexual battery, loitering for the purposes of solicitation, commercial sexual exploitation of a minor, indecent liberties with a child, incest, adultery, bigamy, promoting obscenity, promoting obscenity to minors, displaying material harmful to minors, any crime set forth in Article 55 of Chapter 21 of the Kansas Statutes Annotated, possession, sale or distribution of any illegal drug or controlled substance or any other offenses similar to those listed herein that are contrary to the laws of any city, state or of the United States.