

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

 BUSINESS OR TRADE NAME OF APPLICANT

 DATE OF APPLICATION

 ADDRESS OF BUSINESS

 MISSOURI MESSAGE THERAPY BUSINESS LICENCE NUMBER

 BUSINESS PHONE

 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

Male Female
 GENDER

 WEIGHT

 HEIGHT

 HAIR COLOR

 EYE COLOR

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 THE TWO MOST PREVIOUS ADDRESSES AND DATES OF RESIDENCE AT EACH.

 ADDRESS

 DATE AT RESIDENCE TO _____

 ADDRESS

 DATE AT RESIDENCE TO _____

DOES THE APPLICANT LISTED ABOVE INTEND TO PERSONALLY PROVIDE MESSAGE THERAPY SERVICES AT THE BUSINESS? IF YES, PLEASE PROVIDE PROOF OF A STATE ISSUED MESSAGE THERAPY LICENSE WITH SUBMISSION OF THIS APPLICATION. YES NO

PROVIDE INFORMATION REQUESTED BELOW FOR ALL OTHER BUSINESSES IN WHICH THE APPLICANT HAS OWNED OR BEEN EMPLOYED BY WITHIN THE PAST SEVEN YEARS.

 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

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 THE APPLICATION, THE OWNER, OPERATOR, MANAGER, AND/OR RESPONSIBLE MANAGING OFFICER/EMPLOYEE HAS NOT:

- A. within the seven years preceding submission of this application, 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?
B. within the seven years preceding submission of this application, 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?
C. within the seven years preceding submission of this application, 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?

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

Four horizontal lines for providing applicable information.

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.

Three horizontal lines for providing permit history details.

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 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.

Table with 4 columns: Name of Offender, Position w/Business, Offense, Date. Includes 5 empty rows for data entry.

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 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 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 NAME, ADDRESS, TELEPHONE NUMBER AND DATE OF BIRTH FOR EACH MESSAGE THERAPIST OR EMPLOYEE WHO IS, OR WILL BE, EMPLOYED BY THE MESSAGE ESTABLISHMENT, REGARDLESS OF THE NATURE OF THE EMPLOYMENT.

_____	_____	_____	_____
NAME	ADDRESS	PHONE	DATE OF BIRTH
_____	_____	_____	_____
NAME	ADDRESS	PHONE	DATE OF BIRTH
_____	_____	_____	_____
NAME	ADDRESS	PHONE	DATE OF BIRTH
_____	_____	_____	_____
NAME	ADDRESS	PHONE	DATE OF BIRTH
_____	_____	_____	_____
NAME	ADDRESS	PHONE	DATE OF BIRTH

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

- A. Proof of state issued licenses for the APPLICANT (if applicable) and any EMPLOYEES or INDEPENDENT CONTRACTOR who will perform massage services at the massage establishment.
- B. Two recent, identical, passport-size color photographs of the APPLICANT and ANY EMPLOYEE or INDEPENDENT CONTRACTOR who will be performing massage services at the applicant's massage establishment. Photographs shall be included with the submission of this establishment application.
- C. Fingerprints taken of the APPLICANT by a representative of the North Kansas City Police Department and submitted to the Criminal Justice Information System for processing.
- D. 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)
- E. 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.
- F. A non-refundable application fee in the amount of \$75.00

FINANCIAL INTERESTS IN THE BUSINESS

PLEASE PROVIDE THE NAMES AND ADDRESSES OF ALL PERSONS FINANCIALLY INTERESTED IN THE BUSINESS.

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

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

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

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