	fective Date:				
<u> </u>			License No Receipt No		
			-		
	<u>APPLICA</u>	CITY OF OVERLAND PARK, K TION FOR MASSAGE ESTABLE			
		FEE: \$300 Nonrefundab	le		
	Usiness Establishment Date of Application:				
2.	Name of Business or Establish	nment:			
3.	Name of Business or Establishment: Address of Business: Name and Address for Owner of Premises upon which establishment is to be located:				
4.	Name and Address for Owner of Premises upon which establishment is to be located:				
5.	Business Premise Telephone N	Number:services to be provided:			
6.	Specific nature of business or	services to be provided:		_	
	ngerprints (new applicants).	n proof of age (copy of driver's licer	, , , , , , , , , , , , , , , , , , , ,		
2.	Home Address:				
3.	TT 70.1.1 //		City, State and Zip Code 4. Alternate Phone #:		
5.	Date of Birth:		6. Race / Sex:		
7.	Color of Eyes:		8. Color of Hair:		
9.	Social Security #:	1	0. Driver's License #:		
11.		ed States? Yes, No work in the United States? Yes,	No [(Please provide documer	ntation for this authorization.	
12.		r, driver's license number, social sec artnership), stockholders holding 10% regoing:			
(Us	e additional sheets if necessary.)				
13.		cupations held, and employment for t ment will delay the application proce yment.			
	Previous Business or			Position or natur	

14.	Have you previously been issued a license or permit to operate a massage therapy establishment? Yes 🔲 No 🔲 If so,		
	Where: License No.:		
15.	Have you previously been issued a license or permit to operate an adult entertainment business? Yes 🔲 No 🔲 If so,		
	Where: License No.:		
16.	Have you previously been issued a license or permit to operate an escort service, or have you been employed by any such establishment: Yes \square No \square If so,		
	Where: License No.:		
17.	If you answered yes to Question 14, 15 or 16, how long has business operated? Was any license or permit previously issued suspended or revoked? Yes No If so,		
	Why: How Long:		
	Was any revoked or suspended license(s) or permit(s) reinstated? Yes \(\square\) No \(\square\)		
18.	Have you ever been convicted, diverted, or given a suspended imposition of sentence (SIS) of a criminal offense (other than minor traffic violations ¹)? Yes \square , No \square . If yes, list city, state, date, offense for which convicted, diverted, or SIS imposed.		
19.	Has any owner, partner (if partnership), stockholder holding 10% or more of the stock of any corporation or manager ever been convicted, diverted, or given a suspended imposition of sentence (SIS) of a criminal offense (other than minor traffic violations ¹)? Yes \square , No \square . If yes, list city, state, date, offense for which convicted, diverted, or SIS imposed.		
20.	I have been provided a copy of OPMC Chapter 5.50. Yes No		
21.			
	APPLICATION MUST BE COMPLETED IN FULL		
	I declare (or verify, certify or state) under penalty of perjury that the above information is true and correct to the best of my knowledge and belief and that any knowingly made false, misleading or fraudulent statement in this application or in any document required by the City of Overland Park, Kansas, in conjunction therewith will be grounds for the rejection of this application, or grounds for the revocation or suspension of any license issued by the City of Overland Park, Kansas, on the basis of such information.		
	Further, I hereby authorize the City of Overland Park, Kansas, its agents and employees to seek any further information and conduct an investigation into the truth of the statements set forth in this application and my qualifications for a permit covered by this application.		
	Signature		
	FOR OFFICE USE ONLY:		
	Date (approved) (rejected)		
	City Clerk		

 $^{^{1}}$. "Minor Traffic Violations" mean any violation classified as a traffic infraction or ordinance traffic infraction pursuant to K.S.A. 8-2118(c), and amendments thereto.