

**Building & Code
Enforcement**

www.junctioncity-ks.gov



PO Box 287
700 N Jefferson
Junction City, KS 66441
785-210-2951

MESSAGE THERAPY LICENSE APPLICATION

Applicant Information:

Last Name		First Name		Middle Initial
Other Names Used				
Residential Address		City	State	Zip
Phone Number		Email Address		
Date of Birth			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race
Driver's License Number		State of Issuance		Will need to include a copy of your Driver's License.

Business Information:

Business Name				
Doing Business As				
Business Mailing Address		City	State	Zip
Business Physical Address		City	State	Zip
Business Phone Number		Email Address		
Business Type (A Certificate of Good Standing from the State shall be included with the application, Self Employed exempt) <input type="checkbox"/> Self Employed <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company				
Hours of Operation: (shall not operate business between 12:00 midnight and 6:00 am)				
Monday		Tuesday		Thursday
Hours:	Hours:	Hours:	Hours:	
Friday		Saturday		Sunday
Hours:	Hours:	Hours:		Hours:

Property Owner Information:

Last Name		First Name		Middle Initial
Address		City	State	Zip

- On a separate page, submit a list of all partners, officers, directors, managers, members or persons owning more than 5% of the common or preferred stock of the business with the following information for each:

Name
Address
Telephone Number
Email Address

Must provide one of the following:

- Proof applicant sat for and passed the Massage and Bodywork Licensure exam (MBLEx)
- Proof applicant sat for and passed the National Certificate of Therapeutic Massage and Bodywork exam (NCTMB) prior to February 1, 2015
- Transcript showing applicant successfully completed a minimum of five hundred (500) instructor taught classroom hours within a recognized massage therapist school
- Proof of one hundred fifty (150) hours of education from an accredited institution, at least twelve (12) hours of continuing education units in the last five (5) years, and membership in a nationally recognized massage therapy association

	Yes	No
I, certify that I, as applicant, and any partner, officer, director, manager, member, or person owning more than five percent of the common or preferred stock of the business has not within five years preceding the date of this application been convicted of or placed on diversion or deferred judgement for any felony or any crime of moral turpitude.	<input type="checkbox"/>	<input type="checkbox"/>
I certify that I, as applicant, and any partner, officer, director, manager, member, or person owning more than five percent of the common or preferred stock of the business is not currently under indictment, charge, or information for any crime or any crime of moral turpitude.	<input type="checkbox"/>	<input type="checkbox"/>
I certify that I, as applicant have not been convicted by trial or plea, released from incarceration in prison or jail for a conviction, placed on diversion, or discharged from a deferred judgment program for a felony or any crime involving moral turpitude in the five years immediately preceding the date of this application.	<input type="checkbox"/>	<input type="checkbox"/>
I certify that I, as applicant am not currently a registered sex offender with any federal, state, or local government.	<input type="checkbox"/>	<input type="checkbox"/>
I certify that I, as applicant am currently not under indictment, charge or information for any felony or any crime or moral turpitude.	<input type="checkbox"/>	<input type="checkbox"/>
I certify that I, as applicant have not had my license(s) related to massage therapy suspended, revoked, or otherwise denied for any reason aside from non-payment.	<input type="checkbox"/>	<input type="checkbox"/>

Fees are not pro-rated or refunded even upon denial or revocation.

Sole Proprietor or Employee of Another.....\$75.00
 Partnership, Corporation, Limited Liability Company.....\$200.00
 Replacement of Lost or Mislaced License.....\$5.00

I, _____, certify that the facts and information in this application, including any attachments, are true, complete, and accurate to the best of my knowledge. I further certify that this application, including any attachments, do not contain any fraudulent, misrepresented or false statements.

 Applicant Signature

 Date