



MASSAGE THERAPY BUSINESS APPLICATION

*Allow 30 days for Approval
\$200.00 for 2 year license*

www.wichita.gov

CITY LICENSING

455 N. Main, 1st Floor

Wichita, KS 67202

(316) 268-4553

Select: New Renewal

Type of Business: Individual Corporation LLC Partnership

LICENSE APPLICANT INFORMATION:

| | | | | | |
|------------------|------------|-------------|--------|---------------|---------------|
| Last Name | First Name | Middle Name | Gender | Date of Birth | |
| Other Names Used | | Maiden Name | | | |
| Address | City | State | County | Zip Code | Daytime Phone |
| Email | | | | | |

BUSINESS INFORMATION:

| | | | |
|--------------------------|--------|-------|----------|
| Business Entity Name | | | |
| Business Mailing Address | | | |
| City | County | State | Zip Code |
| Business Phone No. | | | |

LOCATION INFORMATION:

| | | | |
|-------------------------|--------|--------------------|----------|
| Location 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 on the applicant(s); individual owners; partners; all officers, directors, managers, members or persons owning more than 5% of the common or preferred stock of the business.

| | | | | | |
|------------------|------------|-------------|--------|---------------|---------------|
| Last Name | First Name | Middle Name | Gender | Date of Birth | Birthplace |
| Other Names Used | | Maiden Name | | | |
| Address | City | State | County | Zip Code | Daytime Phone |
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| Other Names Used | | Maiden Name | | | |
| Address | City | State | County | Zip Code | Daytime Phone |
| Email | | | | | |

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 been convicted of, or on diversion or deferred judgement for any felony or any crime of moral turpitude? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Is any person listed previously 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 a registered sex offender? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Has any person or business listed ever been refused any similar license or permit, or has had any similar or permit revoked or suspended? If so, please explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

ADDITIONAL INFORMATION –

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.

I hereby certify that I have read and am familiar with Chapter 3.55 of the Code of the City of Wichita and with the requirements thereof as they pertain to 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

FOR OFFICIAL USE ONLY

| | |
|-----------|-----------------|
| LICENSE # | DATE |
| TOTAL FEE | EXPIRATION DATE |