

City Clerk's Office
Andover City Hall
1609 E. Central
Andover Kansas 67002
316-977-9420
www.andoverks.gov



**MESSAGE THERAPY BUSINESS
APPLICATION**

Allow 30 days for approval
2 Year License \$200

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	Zip Code
E-mail					

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, manager, 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	County	State	Zip Code
E-mail			Daytime Phone		

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

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

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

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

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

Circle One

- | | | |
|--|-----|----|
| 1) Has any person listed previously been convicted of, or on diversion or deferred judgment for any felony or any crime or moral turpitude?? | Yes | No |
| 2) Is any person previously listed under indictment, charge or information for any felony or any crime of moral turpitude? | Yes | No |
| 3) Is any person listed a registered sex offender? | Yes | No |
| 4) Has any person or business listed ever been refused any similar license or permit, or has had any similar permit revoked or suspended? | Yes | No |

If so, please explain: _____

ADDITIONAL INFORMATION

Provide a Certificate of Good Standing from the State of 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 Article 7, Chapter V of the Code of the City of Andover, Kansas and with the requirements thereof as they pertain to my permit. 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

PERMIT #	DATE
TOTAL FEE	EXPIRATION DATE