

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



MESSAGE THERAPIST APPLICATION

New \$75.00 _____
 Renewal \$75.00 _____
 Replacement ID \$ 5.00 _____

Allow 30 days for Approval
 Licenses are for 2 year period

APPLICANT PERMIT INFORMATION

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

EMPLOYMENT HISTORY FOR PAST FIVE YEARS:

Business Entity Name	Year
Business Entity Name	Year
Business Entity Name	Year
Business Entity Name	Year
Business Entity Name	Year

RESIDENCE FOR PAST FIVE YEARS:

City	State	Country	Year
City	State	Country	Year
City	State	Country	Year
City	State	Country	Year
City	State	Country	Year

BACKGROUND QUALIFICATIONS – If the answer to any question is yes, provide explanation on separate page and attach to your application. All applicants will be subject to criminal background check through the Kansas Bureau of Investigation by the Chief of Police.

Circle One

- | | | |
|--|-----|----|
| 1) Is the applicant a citizen or lawful resident of the United States? | Yes | No |
| 2) Is the applicant at least 18 years of age? | Yes | No |
| 3) Has the applicant been convicted of, or on diversion or deferred judgment for any felony or any crime of moral turpitude within the five (5) years immediately preceding the date of the application? | Yes | No |
| 4) Is the applicant currently under indictment, charge or information for any felony or any crime of moral turpitude? | Yes | No |
| 5) Is the applicant a registered sex offender with any federal, state or local government? | Yes | No |
| 6) Has the applicant been issued any similar license or permit allowing the practice of massage therapy within the past five (5) years? | Yes | No |

If so, please provide type of license, issuing agency or jurisdiction, address and phone number of issuing agency or jurisdiction and time period covered by license: _____

Have any of the previous licenses been revoked or suspended? Yes No

Please explain: _____

- | | | |
|--|-----|----|
| 7) Has the applicant been refused or denied any similar license or permit allowing the practice of massage therapy within the past five (5) years? | Yes | No |
|--|-----|----|

If so, please provide the date of denial, agency or jurisdiction, address and phone number of agency or jurisdiction and reason for such denial or refusal: _____

ADDITIONAL INFORMATION

Applicant will need to get their photo taken at City Hall, 1609 E. Central, for their required photo ID card.

Provide proof of education, training and experience (one of the following):

- 1) Proof the applicant has sat for and passed the Massage and Bodywork Licensure exam (MBLEx).
- 2) Proof the applicant has sat for and passed the National Certificate of Therapeutic Massage and Bodywork exam (NCTMB) prior to February 1, 2015.
- 3) An official transcript showing the applicant has successfully completed a minimum of five hundred (500) instructor-taught classroom hours within a recognized massage therapist school.
- 4) 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.

EXISTING MASSAGE PRACTITIONERS

Provide proof of education, training and experience (one of the following):

- 1) An official transcript showing the applicant has successfully completed a minimum of five hundred (500) instructor-taught classroom hours within a recognized massage therapist school, or comparable legal authority in another state.
- 2) Proof of at least three hundred (300) hours of training in massage therapy during the past three (3) years.
- 3) Proof the applicant has practiced for at least ten (10) hours per week for five (5) years.
- 4) The applicant has successfully passed a nationally recognized certification examination provided by the National Certification board for Therapeutic Massage and Bodywork.

I hereby certify that I have read and am familiar with Article 7, in 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