



**City of Leavenworth**  
 100 N. 5<sup>th</sup> Street, Leavenworth, KS 66048  
 913-682-9201 Fax: 913-651-7143

**MESSAGE EMPLOYEE**  
 **TATTOO EMPLOYEE**  
**APPLICATION**

**New \$ 50.00**     **Renewal \$ 50.00**    Date: \_\_\_\_\_

The undersigned hereby makes application for license to operate as a massage/tattoo establishment in the City of Leavenworth, Kansas under the provisions of the Code of Ordinances, Chapter 26 (businesses).

Applicant's Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ Color of Hair \_\_\_\_\_ Eyes \_\_\_\_\_  Female  Male

Daytime Phone: \_\_\_\_\_ Driver's License # : \_\_\_\_\_

Employed by: \_\_\_\_\_

Address: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

Position Held: \_\_\_\_\_

List employment experience in last three (3) years pertaining to this application.

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Position Held: \_\_\_\_\_ Dates: \_\_\_\_\_

Supervisor's Name (if applicable): \_\_\_\_\_

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Position Held: \_\_\_\_\_ Dates: \_\_\_\_\_

Supervisor's Name (if applicable): \_\_\_\_\_

Have you ever been convicted of any crime other than minor traffic violations? If so, please provide the place and court in which the conviction was obtained and the sentence imposed as a result of such conviction. \_\_\_\_\_

Supply the name and address of the recognized school attended, the date attended, and a **copy of the diploma or certificate of graduation awarded the applicant showing the applicant has successfully completed not less than 70 hours of instruction** in the theory, method or practice of massage. Applicants for a masseur or masseuse permit may substitute one years' continuous experience as a masseur or masseuse in lieu of the requirement of a diploma or certificate of graduation from a recognized school or other institution of learning wherein the method and work of massage is taught. Such masseur or masseuse must obtain an affidavit attesting to such experience from the owner of the establishment where the continuous year of experience occurred.

Provide a statement in writing from a licensed physician in the state that he has "**examined the applicant and believes the applicant to be free of all communicable diseases**".

I hereby certify that the above and foregoing information is true and correct. I have personal knowledge of the information contained in this application and that I have the provisions of the chapter regulating massage establishments. I agree to display my license in an open and conspicuous location on the premises. I acknowledge this license, once issued, is not transferable nor is the fee refundable should the application be denied. I acknowledge failure to provide all information and documentation required shall constitute an incomplete application, which shall not be processed. I do hereby freely and voluntarily give my consent and permission for the agents and employees of the City of Leavenworth, Kansas, to seek and obtain information and to conduct an investigation into the truth of the statements set forth in the application and the qualifications of the applicant for the license. I also freely and voluntarily give my permission for former employees and other persons to release any information to any authorized person conducting the background investigation of my application.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MESSAGE / TATTOO LICENSE EXPIRE DECEMBER 31<sup>ST</sup> OF EACH YEAR**

**FOR OFFICE USE ONLY**

Two- 2"X2" headshot photos     Proof of ID     Certificate from licensed physician     (New) Applicant Fingerprints

Approved     Disapprove the issuance of license to the above named applicant by the Police Chief or his designee

Date: \_\_\_\_\_ PD Signature: \_\_\_\_\_

Massage Employee (MT/MS1)    Tattoo Employee (MT/TAT1)    Permit # \_\_\_\_\_     Print & Laminate License

Business License Acct.#: \_\_\_\_\_ Bill #: \_\_\_\_\_

Date: \_\_\_\_\_ City Clerk's Office Staff Received by: \_\_\_\_\_