



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

**MESSAGE ESTABLISHMENT**  
 **TATTOO ESTABLISHMENT**  
**APPLICATION**

**New \$350.00**       **Renewal \$175.00**      Application Date: \_\_\_\_\_

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

Owner/Principal Agent Name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  Female  Male

Daytime Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Massage/Tattoo Establishment Name: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Establishment: \_\_\_\_\_ Nature of Services to be provided: \_\_\_\_\_

Corporation?  Yes  No. If "yes", please list stockholders (name,address,phone#) holding more than 10% of stock of the corporation

Business, Occupation or employment history for last three (3) years.

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

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

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

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

Please provide a brief business license history: \_\_\_\_\_

Are you or have you previously operated a business of this kind in Kansas or any other state under license?  Yes  No

Have you ever had such a license revoked or suspended? If so, please state reason and business activity/occupation subsequent to action or suspension or revocation. \_\_\_\_\_

Have you ever been convicted of any criminal activity other than minor traffic violations? If so, please list jurisdiction in which convicted and the offense for which convicted and circumstances. \_\_\_\_\_

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.

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

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

**FOR OFFICE USE ONLY**

Application sent to Health Inspector       Health Inspection Passed

Date: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Approve  Disapprove – To the City Commission for Approval – Date: \_\_\_\_\_

Massage Establishment (MT/MS2) Permit # \_\_\_\_\_  Print & Laminate License  
 Tattoo Establishment (MT/TAT2) Permit # \_\_\_\_\_  Print & Laminate License      Business License Acct.#: \_\_\_\_\_ Bill #: \_\_\_\_\_

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