

CITY OF GARDNER, KANSAS



APPLICATION FOR RENEWAL OF PERMIT

Massage Therapy Establishments and Massage Therapists
Establishment Permit Fee: \$200.00
Massage Therapist Permit: \$25.00

Type of Application: Establishment Permit Therapist Permit

All applicants for renewal of a massage therapy establishment permit or massage therapist license shall submit the following information in addition to this application:

- a. A health certificate signed by a duly licensed Kansas physician verifying a physical examination within the last 30 days and that the applicant is free of any contagious or communicable disease.
- b. A copy of previous year's certificate.

1. Applicant's Name: _____

Home Address: _____

Home Telephone: _____

D/O/B: _____ SSN#: _____

2. Massage Therapy Establishment (or where licensee will perform therapy)

Name of Business: _____

Address: _____

Business Phone Number: _____

Name & Address of Owner of premises upon which establishment is to be located: _____

3. Previous Massage Therapy Permit Number: _____

Please read and sign the following:

I hereby certify that the above information is true and correct to the best of my knowledge and belief, and acknowledge and agree that any knowingly made false, misleading or fraudulent statement in this application or in any document required by the City of Gardner, Kansas in conjunction therewith will be grounds for the rejection of this application, or grounds for the revocation or suspension of any permit or license issued by the City of Gardner, Kansas on the basis of such information.

Furthermore, I hereby authorize the City of Gardner, Kansas, its agents and employees to seek any further information and conduct an investigation into the truth of the statements set forth in this application and my qualifications for a permit covered by this application.

(Signature of Applicant)

**ALL PERMITS AND LICENSES SHALL BE VALID FROM JANUARY 1 TO DECEMBER 31 OF EACH YEAR.
THE ANNUAL FEE SHALL NOT BE REFUNDABLE OR PRORATED**