



City of Belton, Missouri
 506 Main Street – Belton, MO 64012
 P 816.331.4331 • F 816.322.4620

Fees

License Year 2020-21

- Permit fee \$30

License fees are not prorated. City licenses expire June 30 of each year.



Massage Therapist Permit Application (please type or print)

*Reminder – A business may **NOT** operate until a business license is approved. Please allow 3-5 days for license processing.*

Massage therapists may only perform massage therapy at a location duly licensed as a massage therapy business by the state and city. (RSMO 324; CSR 2197)

This application is intended for use by **Missouri state licensed massage therapists to receive a Belton city permit**. A permit for each therapist is required **in addition** to the massage therapy business receiving a business license.

Massage Therapist Information

Massage Therapist Name _____ Therapist Phone Number _____

Full Street Address (No PO Boxes) _____ Therapist's SS# _____
City/St/Zip

Full Mailing Address (if different) _____
City/St/Zip

Email _____ Description of Type of Business Massage Therapy

Yes / No Are you a U.S. citizen? If no, please provide employment authorization document _____

Yes / No Do you currently work at another massage therapy business? If yes, please provide location information.

Yes / No Have you previously worked at another massage therapy business? If yes, please provide location information.

Yes / No Is your Missouri massage therapist license currently under investigation? If yes, please explain.

Yes / No Have you ever had a state massage therapist license revoked, suspended, denied, or investigated? If yes, please explain.

- New Applications Only**, attach a valid U.S. driver's license or U.S. passport.
- If the applicant lives inside Belton city limits, attach the previous year's personal property tax receipt **OR** a letter of non-assessment from Cass County.
- Attach the applicant's current Missouri massage therapist license.
- Attach the applicant's professional liability insurance.

A current/active Belton business license must be on file for your employer before a therapist permit can be issued. Please provide your employer's information so we can verify their license status.

Business Information

Business Name _____ DBA Name (if different) _____

Address (No PO Boxes) _____ Business Phone Number _____
City/St/Zip

Mailing Address (if different) _____ Owner's Name _____
City/St/Zip

Office Use Only Approved by _____ Date _____	Cigarette License # BL / BR _____
Business License # BL / BR _____ Fee \$ _____ / Exempt TIF? _____	Fee \$ _____ 5/2020

Additional Information for ALL APPLICANTS

Yes / No Do you run a business in another location? If yes, please provide location information.

Yes / No Have you ever had a business license revoked, suspended, or denied? If yes, please explain.

Yes / No Are you currently under investigation or have outstanding warrants? If yes, please explain.

By signing my name below, I hereby certify I am a legal U.S. citizen or I am legally authorized to work in the U.S. I certify the business described in this application does not employ any illegal aliens. I certify the business or occupation I intend to pursue under the authority of the license for which I am applying does not violate or otherwise conflict with existing laws of the State of Missouri or ordinances of the City of Belton. I hereby state the information contained herein is true, correct, and complete to the best of my knowledge. I authorize the city, its agents, and employees to seek information and conduct an investigation into the truth of the statements set forth in the application. I also acknowledge that this is only an application and is not approval for me to operate a business within the City of Belton, Missouri.

Please note: this application must be fully completed & legible before it will be processed.

Signature of Applicant

Printed Name

Date