



City of Belton, Missouri
 520 Main Street – Belton, MO 64012
 P 816.331.4331 cityclerk@belton.org

Fees

License Year 2023-24

- 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.*

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 Therapist

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 driver's license or other valid government-issued ID (passport, state-issued ID card, military ID).
- 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 _____
 Business License # BL / BR _____ Fee \$ _____ / Exempt
 4/2023

Additional Information for ALL APPLICANTS

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

By signing my name below, 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 certify 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 investigate 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

Wanting to pay online? Send a completed application packet and a payment link will be emailed to you.

Questions? Need additional assistance? Please contact the City Clerk's Office 816.331.4331 or cityclerk@belton.org