

**MESSAGE THERAPIST LICENSE APPLICATION SWORN STATEMENTS**

1101 Poyntz Avenue

City of Manhattan, Kansas 66502

[www.cityofmhk.com](http://www.cityofmhk.com) | (785) 587-2480



**Sworn Statements for Substitute Requirements**

**Applicant**

I, \_\_\_\_\_, applicant for a massage therapist license, swear that I am engaged in the practice of massage therapy upon the date of application and that I have been continuously engaged in the practice of massage therapy, for a minimum of ten hours each week, within the five years immediately preceding the date of application.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Licensed Massage Therapist**

I, \_\_\_\_\_, a city-licensed massage therapist, swear that, \_\_\_\_\_, the applicant for a message therapist license through the City of Manhattan, is engaged in the practice of massage therapy upon the date of application and that the applicant has been continuously engaged in the practice of massage therapy, for a minimum of ten hours each week, within the five years immediately preceding the date of application.

\_\_\_\_\_  
Licensed Massage Therapist Signature

\_\_\_\_\_  
Date

\* The above signatures meet 2 of the 3 substitute requirements. Proof that the applicant has practiced massage therapy for the preceding five years, including, but not limited to tax returns, gross tax receipts, or monthly client receipts, which completes the third requirement, must be attached.

**FOR OFFICE USE ONLY:**

- Documentation to prove that the applicant has practiced massage therapy for the preceding five years, including, but not limited to tax returns, gross tax receipts, or monthly client receipts are attached.