

Louisiana Board of Massage Therapy

9619 Interline Ave, Suite B
Baton Rouge, LA 70809
225-756-3488 www.labmt.org

MESSAGE ESTABLISHMENT APPLICATION INSTRUCTIONS

Applications must be completed, typed or printed legible, submitted with the signed and notarized Verifying Affidavit, which must be dated within 30 days of the date the application is received by the LBMT Office. For example, if the application is dated April 15th and it is received at the office after May 15th, it is more than 30 days old and a new application would be required. All questions must be answered or the application will be returned. Incomplete applications will also be returned. Applications should be mailed to the above address.

Applications can be dropped off at the office during hours open to the public but cannot be reviewed for accuracy or processed while you wait. All documents are processed in the order in which received.

The Louisiana Board of Massage Therapy cannot offer business advice or instructions on how to open/operate a business in the state of Louisiana. **It is the responsibility of the owner to verify if your parish has any additional occupational license requirement for massage establishments.**

Louisiana Secretary of State website: <https://www.sos.la.gov/Pages/default.aspx>,

Louisiana Department of Revenue: [http://revenue.louisiana.gov/publications/20073BR\(10_11\).pdf](http://revenue.louisiana.gov/publications/20073BR(10_11).pdf)

DOCUMENTS SUBMITTED WITH THIS APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION AND ALL DOCUMENTS FOR YOUR RECORD.

1. **Establishment Name:** Full legal name of the establishment
2. **Doing Business as (DBA) Name:** Provide the full DBA name for your business. All building signage, advertising material, website etc., must match the establishment name as registered. The establishment number must be printed on all advertising material.
3. **Establishment phone number:** This is the phone number of the establishment
4. **Owner phone number:** This is the phone number the office can use to contact the business owner directly
5. **Establishment physical address:** This is the physical location of the business
6. **Email Address:** This is where email notifications will be sent from the Board/Office
7. **Establishment Mailing Address:** This is where mail will be sent from the Board/Office
8. **Preferred Name:** Please list the preferred name of the owner and massage therapist(s), if different from legal name
9. **Identification:** Provide copies of a government issued ID for all owners, partners etc.
10. **Other information:** Complete all other information as indicated in this packet
11. **Type of business:** Locate on this form the type of business (sole proprietor, partnership, etc.) and complete that box as indicated
12. **Documentation:** Supporting Documentation such as Secretary of State Entity Documents, IRS EIN letter, Transfer of ownership documents. No hand written documents will be accepted
13. **Payment:** Cashier's Check or Money Order Only

§2701. Inspections

A. The board may make periodic inspections of all massage establishments, including licensed and/or unlicensed massage establishments.

B. Such inspections may include, but need not be limited to, confirmation that the site is being utilized for massage therapy and a determination of whether the establishment is in compliance with the laws and rules governing the establishment's operation, facilities, personnel, safety, and sanitary requirements.

C. Failure to cooperate with such inspections may lead to disciplinary action.

Approval Process:

After review, the applicant will be notified by email and or U.S. Mail if approved or if additional information is needed. If the board office requires an application to be reviewed by the board members, the applicant will be notified in writing and email.



Louisiana Application for Establishment License
Non-Refundable Application Fee
 First Year Pro-rated Fee: April – June \$100.00; July – September \$75.00; October-
 December \$50.00; January – March \$25.00
Cashier's Check or Money Order Only – Payable to LBMT

Type of Ownership: Sole Proprietor Partnership Corporation

Establishment Name-Full Legal Name:			
Doing Business as (DBA) Name			
Establishment Phone Number		Owner Phone Number	
Email Address			
Establishment Website Address			
Date proposed establishment will open for business.			

Establishment Address			
City		State	
		Zip	

Establishment Mailing Address			
City		State	
		Zip	

Does the owner or legal agent of this business hold a current massage license in Louisiana?	Yes	No
If yes, provide License Number		
Does the owner of this establishment live out of state?	Yes	No
Has the owner(s) or legal agent of the proposed establishment ever held a massage license or establishment license in Louisiana that has been revoked, suspended, fined, placed on probation, voluntarily surrendered, or otherwise acted against or encumbered in any manner? If yes, please explain on separate sheet.	Yes	No
Has the owner, partner, officer, director, stockholder etc., ever been part of any civil, criminal or administrative proceeding involving ANY violation of any statute, rule or regulation governing the practice of ANY profession? If yes, please explain on separate sheet.	Yes	No
Does the owner of this establishment currently own/previously own other massage establishments in Louisiana? If yes, please list on separate sheet all locations – including closed locations.	Yes	No
Is this application a result of a cease and desist issued by the Board? If yes please provide the date the business opened: _____	Yes	No

Prior Ownership of Establishment

Has a previous massage establishment operated at this address		Yes	No
If yes, was there a change of ownership/sale		Yes	No
If yes, previous owners name			
If yes, previous business name			
Are there any outstanding fines, penalties or disciplinary actions associated with this business, the previous owner, or business address?		Yes	No

**List all massage therapists to be employed at this location
(Use additional sheet, if needed)**

1. Name as listed on license		License Number	
<i>Preferred Name – name used if other than legal name</i>			
2. Name as listed on license		License Number	
<i>Preferred Name – name used if other than legal name</i>			
3. Name as listed on license		License Number	
<i>Preferred Name – name used if other than legal name</i>			
4. Name as listed on license		License Number	
<i>Preferred Name – name used if other than legal name</i>			
5. Name as listed on license		License Number	
<i>Preferred Name – name used if other than legal name</i>			

Type of Ownership: **Sole Proprietor**

Owner Name			
<i>Preferred Name – name used if other than legal name</i>			
Last 4 of Social Security Number or Federal Tax Identification Number			
Owner Phone #		Email Address	

Owner Mailing Address

Address				
City	State		Zip	

Type of Ownership: **Corporation, Limited Company or General Partnership** (example, Corporation, LLC, LP, LLP)

Name of Business Entity			
Owner Name			
<i>Preferred Name –name used if other than legal name</i>			
Federal Tax Identification Number			
Owner Phone #		Email Address	

Owner Mailing Address

Address			
City	State	Zip	

Type of Ownership: Partnership (Two or more individuals)

Partner Name #1			
<i>Preferred Name – name used if other than legal name</i>			
Federal Tax Identification Number			
Phone #		Email Address	

Mailing Address - **If owner is out of state please provide out of state mailing address**

Address			
City	State	Zip	

Partner Name #2			
<i>Preferred Name –name used if other than legal name</i>			
Federal Tax Identification Number			
Phone #		Email Address	

Mailing Address

Street			
City			
State		Zip	

FOR ADDITIONAL PARTNERS COMPLETE ADDITIONAL SHEET

IDENTIFICATION: Business owners shall provide a copy of their official government issued military ID, Driver's license or official identification card

DOCUMENTATION: Provide Supporting Documentation such as Secretary of State Entity Documents, IRS EIN letter, Transfer of ownership documents. No hand written documents will be accepted.

Verifying Affidavit

The undersigned does hereby certify to be the person referred to on the application as the owner or legal agent and that the statements contained herein are true and correct.

The undersigned further acknowledges the responsibility to operate this establishment in a safe and sanitary manner.

The undersigned further certifies to have read the **Louisiana Revised Statutes Title 37. Professions and Occupations Chapter 57. Massage Therapists and Establishments** and **RULE Title 46 PROFESSIONAL AND OCCUPATIONAL STANDARDS Part XLIV. Massage Therapists** and will comply with all requirements set forth therein.

Signature of Owner or Legal Agent

Date

State of _____, Parish or County of _____

Sworn and subscribed by applicant before me the _____ day of _____ in the year of _____.

Signature of Notary

My Commission Expires

Printed Name

License Number

SEAL