



**LOUISIANA BOARD OF MASSAGE THERAPY**

2645 O’Neal Lane, Bldg. C, Ste. E   ✿  Baton Rouge, LA 70816  
225-756-3488   ✿  [www.labmt.org](http://www.labmt.org)   ✿  225-756-3493(FAX)

**Change of Status Form for Massage Establishments**  
**Name and/or Ownership**

**Rule Chapter 29§2901 (A) requires notice to the board when the Name, Ownership and/or  
Tax Identification Number changes.  
This notice is to be made within 30 days of occurrence.**

PLEASE TYPE OR PRINT

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Current Name of Establishment

Current License #

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Address – Street #, Suite #, City, State, Zip

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Mailing Address (if different from physical address above)

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Business Phone Number (including area code)

Secondary Contact Number

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Name of Owner or Legal Agent of Establishment

Title

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Establishment Email Address

**Changed Requested:**

           **Establishment Name Change (Must furnish documentation of name change. For example, if Sole Proprietor you should furnish the new name under which you will be operating, or Trade Name filing with Clerk of Court or Registration with Secretary of State. If Corporation or Limited Liability Company (LLC) you should provide updated Articles of Incorporation or other filings with the Secretary of State reflecting name change.)**

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Establishment Name to be changed to

           **Establishment Change in Ownership  
(Provide documentation stating change of ownership)**

1. Effective date of Ownership Change: \_\_\_\_\_

2. New Owners Name: \_\_\_\_\_

3. Tax Identification Number: \_\_\_\_\_

**(Please provide a copy of W-9 with correct Tax ID Number and Name)**

I hereby certify that I am the person referred to on the application as the owner or legal agent and that the information provided is true and correct to the best of my knowledge.

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**Print Owner or Legal Agent's Name**

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**Signature**

**Date**

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**Printed Name**