

# Louisiana Board of Massage Therapy

9619 Interline Ave, Suite B

Baton Rouge, LA 70809

225-756-3488



Jeff Landry  
Governor

## **Notice: Changes in Office Policy Regarding Walk-Ins – **Appointments Only - Effective 9/9/2024****

For security reasons, the Louisiana Board of Massage Therapy **will no longer be accepting walk-ins at the office.** Visitors will be required to schedule appointments in advance and unfortunately, there can be no exceptions. At the time of scheduling, visitors will be required to provide the names of each person scheduled for the appointment. In addition, as a state office all visitors will be required to show a government issued ID upon arriving.

There will be no additional changes to the administrative functions of the office and office hours will remain the same. If you have any questions please continue to contact the office via phone or email; we are happy to assist.

As a reminder, most information and instructions can be located on our website or handled by phone call.

Website: [www.labmt.org](http://www.labmt.org)  
To contact the office via email: [admin@labmt.org](mailto:admin@labmt.org) / [Info@labmt.org](mailto:Info@labmt.org)  
For appointment Scheduling: 225-756-3488

Kindest regards,

Louisiana Board of Massage Therapy

**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 and submitted with the signed and notarized Verifying Affidavit.

The notarized affidavit must be dated within 30 days of the date the application is received at the LBMT Office. All questions must be answered and documentation received or the application will be returned. The application fee is non-refundable. If the application is returned, a new application and payment will need to be submitted. 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.

**It is the responsibility of the owner to verify if your parish has regulations regarding massage establishments associated with permits, business licenses and or occupational licenses. The Board does not have control over the passing of any parish ordinance. Any parish ordinance does not supersede the regulations and requirements of LBMT laws.**

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)

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 with the Board. The establishment number must be printed on all advertising material. No generic signage such as “Massage” allowed.
3. **Establishment phone number:** This is the phone number of the establishment used on all advertising material
4. **Owner phone number:** This is the phone number the office uses 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. **Identification:** Provide copies of a government issued ID for all owners, partners etc.
9. **Other information:** Complete all other information as indicated in this packet
10. **Type of business:** Locate on this form, the type of business (sole proprietor, partnership, etc.) and complete that box as indicated
11. **Documentation:** Supporting Documentation such as Secretary of State Entity Documents, IRS EIN letter, Transfer of ownership documents. No hand written documents will be accepted
12. **Payment:** Cashier’s Check or Money Order Only
13. **Third Party Authorization:** If the application is completed by any individual other than the listed business owner, a Third Party Authorization form is required. Please email the office at [admin@labmt.org](mailto:admin@labmt.org)

**§2701. Inspections**

A. The board will make 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.

**Fines & Penalty Schedule:**

The LABMT adopted a Fines and Penalty Schedule in 2013 to be uniform in the administration of fines and penalties and to address violations noted on any inspection report, office audit or otherwise brought to the attention of the Board. Minor violations found from required office audits such as required filings, registrations or update notifications result in fines starting at \$100.00 per violation. Examples include but are not limited to, change of address, working location etc. Larger violations based on the violation of any statute, rule or regulation start at \$300.00 not to exceed \$750.00. To review the full Fines and Penalty schedule go to the “Louisiana Law Page” on the LABMT website.

**Approval Process:**

If additional information is needed for approval, the Board office will contact the applicant via email or U.S. Mail. **If the application requires a reviewed/approval by the Board members, the applicant will be notified via certified mail and email.** Board meetings are held quarterly and the dates of each meeting are located on the LABMT website.



**Louisiana Application for Establishment License**  
**Non-Refundable Application Fee**  
**Application Pro-rated Fee:** April to August \$100.00; September to December \$80.00;  
 January to March \$60.00  
**Cashier's Check or Money Order Only – Payable to LBMT**

**Type of Ownership:**      Sole Proprietor                      Partnership                      Corporation

<b>Establishment Full Legal Name:</b>			
<b>Doing Business as (DBA) Name</b> (name that will be used for all advertising including building signage)			
Establishment Phone Number (number that will be used for all advertising)		Owner Phone Number	
Email Address			
Establishment Website Address			
Date proposed establishment will open for business.			

Email Address	
---------------	--

**\*Note\*** Profiles for the LABMT website will be created by the office. Please do not create an addition account. If you already have an email address registered with the Board and wish to have all information (business and or professional licenses) linked together, use the email address on record.

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 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 (if yes, please provide documentation)	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? (if uncertain, please contact the office)	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	
2. Name as listed on license		License Number	
3. Name as listed on license		License Number	
4. Name as listed on license		License Number	
5. Name as listed on license		License Number	

**If only one therapist is listed above, do you intend to hire more therapists in the future?    Yes    No**

Type of Ownership:    **Sole Proprietor**

Owner Name			
Last 4 of Social Security Number or Federal Tax Identification Number (Please provide Tax ID documentation if registered)			
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			
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				
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				
Federal Tax Identification Number				
Phone #		Email Address		

Mailing Address

Street				
City				
State		Zip		

**FOR ADDITIONAL PARTNERS ADD ADDITIONAL SHEET**

**IDENTIFICATION:**

Business owners shall provide a copy of their official government issued ID, Driver's license, Military ID 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.

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

VJ KTF'RCTV[ 'CWJ QTK CVKQP'HQTO <'

HfVj k'èrr n'ecvqp'k'èqo r'ngvf 'd{ 'èp{ 'lpf k'kf w'enlqvj gt 'vj ep'vj g'h'ugf 'd'w'lp'gu'ly pgt."

c'Vj kf 'Rct v{ 'Cwj qt k' cvkqp'hqt o 'k'f'gs w't gf 0Rgcug'go cki'vj g'q'h'leg'è'v'èf o lpB n'do v'Qt i 'hqt 'vj g'hqt o 0'''

**APPLICATION CHECK LIST:**

Included Application Fee, Cashiers Check or Money Order made to LBMT

Included Copy of Government Issued ID

I have read and understand all Laws, Occupational Standards and Fines and Penalty schedule located on the LBMT website. Labmt.org, "Louisiana Law Page"

- Enclosed      N/A      If change of ownership/sale – Provide Sale/Transfer of ownership documents
- Enclosed      N/A      If Solo Proprietor who has a registered Tax ID, Provide IRS EIN Letter
- Enclosed      N/A      If registered with the LA Secretary of State Provide Documents

**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 and will only employ license massage therapist to provide massage services at this location.

The undersigned further certifies to have read and understands 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