



LOUISIANA BOARD OF MASSAGE THERAPY

2645 O'Neal Lane, Bldg. C, Ste. E 🌸 Baton Rouge, LA 70816
225-756-3488 🌸 www.labmt.org 🌸 225-756-3493(FAX)

Change of Status Form for Massage Establishments **Name, Ownership and/or Adding or Deleting Therapist**

To be made within 30 days of occurrence

This form is for Establishments

Enter Information on Form and Print - OR - Print Blank Form and Type or Print Information

Current Name of Establishment

Current License #

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

Mailing Address (if different from physical address above)

Business Phone Number (including area code)

Secondary Contact Number

Name of Owner or Legal Agent of Establishment

Title

Establishment Email Address

Change Requested:

_____ Establishment Name Change (Must furnish legal documentation of name change. For example, if Sole Proprietor or LLC, Assumed Name filing with Clerk of Court or Registration with Secretary of State. If Corporation, updated Articles of Incorporation reflecting name change.)

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

1. Effective date of Ownership Change: _____

2. New Owners Name: _____

_____ Removing Therapist that no longer work at this location

1. _____
Name of LMT to be removed License # (Attach License)

2. _____
Name of LMT to be removed License # (Attach License)

_____ Adding Therapist to work at this location (Use additional sheet if needed)

1. _____
Therapist Name as listed on license LA License Number

2. _____
Therapist Name as listed on license LA License Number

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.

Signature of Owner or Legal Agent Date