

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
To contact the office via email: admin@labmt.org / 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

Request to Close:
Business Establishment or Solo Practitioner Location
Notice is to be made within 30 days of occurrence
All Establishment Licenses Must Be Surrendered To the Office with This Form

BUSINESS ESTABLISHMENT

SOLO PRACTITIONER LOCATION

Closed Permanently

Sold

No Longer Offering Massage Services

**DOCUMENTS SUBMITTED WITH THIS FORM WILL NOT BE RETURNED.
KEEP A COPY OF FOR YOUR RECORD.**

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

No massage establishment shall operate without an Establishment license.
A massage establishment shall employ or contract only licensed massage therapist to perform massage therapy. If this closure is due to a business sale a new establishment application will need to be submitted and the new business cannot operate under the old license.

All Establishment Licenses Must Be Surrendered To the Office With This Form
After review, the contact listed will be notified by email and or U.S. Mail when processed or if additional information is needed. If the board office requires the information to be reviewed by the board members, the contact listed on this form will be notified in writing. Original form should be mailed to the address shown above. Incomplete forms will be returned and delay processing. The Louisiana Board of Massage Therapy cannot offer business advice or instructions on how to open/operate a business in the state of Louisiana.

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)

Complete the appropriate section as it pertains to the request



BUSINESS ESTABLISHMENT - PERMANENT CLOSURE
All Establishment Licenses Must Be Surrendered To the Office With This Form.

Establishment Number:		Effective Date of Closure	
Establishment Name:			
DBA Name (if applicable)			
Establishment Owner Name			
Establishment Tax ID			
Are there any outstanding fines, penalties or cease & desist orders associated with this business or business address	Yes	No	
Owner Email Address			

Owner Phone Number				
Establishment Address				
City		State		Zip



CLOSURE DUE TO SALE
All Establishment Licenses Must Be Surrendered To the Office With This Form. New Owner(s) Cannot Operate Under a Closed Establishment License. A New Application for Establishment License Must be Completed

Establishment Number:		Effective Date of Closure		
Establishment Name:				
DBA Name (if applicable)				
Establishment Owner Name				
Establishment Tax ID				
Are there any outstanding fines, penalties or cease & desist orders associated with this business or business address			Yes	No
Owner Email Address				
Owner Phone Number				

Establishment Address				
City		State		Zip



NO LONGER OFFERING MASSAGE SERVICES
All Establishment Licenses Must Be Surrendered To the Office With This Form.

Establishment Number:				
Establishment Name:				
DBA Name (if applicable)				
Establishment Owner Name				
Establishment Tax ID				
Are there any outstanding fines, penalties or cease & desist orders associated with this business or business address			Yes	No
Owner Email Address				
Owner Phone Number				
Effective Date of Services Terminated				

Establishment Address				
City		State		Zip



SOLO PRACTITIONER: CLOSURE OF BUSINESS REGISTRATION
All Establishment Licenses Must Be Surrendered To the Office With This Form.

Establishment Number:		Effective Date of Closure	
Establishment Name:			
DBA Name (if applicable)			
Establishment Owner Name			
Establishment Tax ID or Last 4 of SS#			
Are there any outstanding fines, penalties or cease & desist orders associated with this business or business address			Yes No
Owner Email Address			
Owner Phone Number			
Effective date of Closure			

Establishment Address				
City		State		Zip

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.

Print Owner or Legal Agent's Name

Signature **Date**

Printed Name