

**Louisiana Board of Massage Therapy**

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

**MESSAGE REGISTRATION (Solo Practitioner) APPLICATION INSTRUCTIONS**

Applications must be completed, typed or printed legible and submitted with the signed attestation. The attestation 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. Applications should be mailed to the above address.

The LA Board of Massage Therapy cannot offer business advice. **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 & 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 business.
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 such as brochures and business cards. 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. **Documentation:** Supporting Documentation such as Secretary of State Entity Documents, IRS EIN letter, Transfer of ownership documents. No hand written documents will be accepted. If you are not registered as a business with IRS or Secretary of State please indicate as such on the last page of the application, under application check list.
11. **Third Party Authorization:** If the application is completed by any individual other than the listed business owner, a Third Party Authorization for 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 will result in violation fines and 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 office is unable to approve any application that requires a reviewed/approval by the Board members, the applicant will be notified via certified mail and email.** Application are reviewed at Board meetings which are held quarterly. The dates of each meeting are located on the LABMT website.



**Establishment License **REGISTRATION** Application**  
**SOLO PRACTITIONER**  
**One person who engages in the practice of massage at a specific location**  
 There is no charge to register as a solo practitioner however, if not renewed by  
 March 31<sup>st</sup>, of each year there is a **\$100.00 late fee.**

<b>Business Full Legal Name:</b>			
<b>Doing Business As (DBA) Name</b>			
<b>Establishment Phone Number</b>		<b>Owner Phone Number</b>	
<b>Establishment Website Address</b>			
<b>Date establishment will open for business.</b>			
<b>If already open - provide date business opened.</b>			

<b>Owner Name:</b>			
<b>Owner Home Address</b>			
<b>City</b>		<b>State</b>	
		<b>Zip</b>	

<b>Email Address</b>	
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**\*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. If uncertain email [admin@labmt.org](mailto:admin@labmt.org)**

<b>Establishment Address</b>			
<b>City</b>		<b>State</b>	
		<b>Zip</b>	

Use Same Address Listed Above: **YES**

<b>Establishment Mailing Address</b>			
<b>City</b>		<b>State</b>	
		<b>Zip</b>	

Does the owner or legal agent of this business hold a current massage license in Louisiana?	<b>Yes</b>	<b>No</b>
If yes, provide License Number		
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.	<b>Yes</b>	<b>No</b>
Has the owner 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.	<b>Yes</b>	<b>No</b>
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.	<b>Yes</b>	<b>No</b>
Is this application a result of a cease and desist issued by the Board? If yes please provide the date the business opened:_____	<b>Yes</b>	<b>No</b>

**Massage therapist to be employed at this location**

1. Name as listed on license		License Number	
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**THIRD PARTY AUTHORIZATION:**

Was this application completed by anyone other than the applicant listed **YES** **NO**  
*If this application is completed by any individual other than the listed business owner, a Third Party Authorization form is required. Please email the office at [adming@labmt.org](mailto:adming@labmt.org) for the form, or download from the website.*

**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.**

**APPLICATION CHECK LIST:**

- 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 Tax ID, Provide IRS EIN Letter
- Enclosed N/A If registered with the LA Secretary of State Provide Documents
- Third party authorization form if application was completed by anyone other than the owner listed

**Verifying Attestation**

The undersigned does hereby attest 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, sanitary manner and as a solo registration, confirms there will be only one massage therapist performing services at this business.

The undersigned further affirms 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

\_\_\_\_\_  
Printed Name