

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

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MESSAGE REGISTRATION (Solo Practitioner) 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. 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. Please check the website for ours open to the public and to ensure the office is not closed for Board meetings or hearings. All documents are processed in the order in which received.

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. Unless contracting/renting within another 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. **Third Party Authorization:** If the application is completed by any individual other than the listed business owner, a Third Party Authorization for is required. This form is located on the LBMT website on the download forms page under "other forms".

§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 office is unable to approve any application, the application will need approval by the Board members. The applicant will be notified via certified mail and email.** Application needing Board approval are reviewed at Board meetings, which are held quarterly. The dates of each meeting are located on the LABMT website.



Establishment License REGISTRATION Application

A SOLO PRACTITIONER is one person who engages in the practice of massage at any location (owned, contract or rental space) other than their home. There is no charge to register as a solo practitioner however, if not renewed by March 31st, of each year there is a \$100.00 late fee.

Date	
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Establishment Name:			
Doing Business As Name – if applicable			
Establishment Phone Number		Owner Phone Number	
Date proposed establishment will open for business. If already open - provide date business opened.			

Email Address	
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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

Establishment Tax ID # or Last 4 of Social	
Name of Owner/Legal Agent	

Establishment Address					
City		State		Zip	

Mailing Address - Use Address Listed Above: Yes

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		
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 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
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Massage therapist to be employed at this location

1. Name as listed on license		License Number	
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IDENTIFICATION:

Business owners shall provide a copy of their official government issued ID, Driver’s license, Military ID or official identification card

DOCUMENTATION: If applicable, provide supporting documentation such as Secretary of State Entity Documents, IRS EIN letter, Transfer of ownership documents.

THIRD PARTY AUTHORIZATION:

If this application is completed by any individual other than the listed business owner, a Third Party Authorization form is required. This form is located on the LBMT website on the download forms page under “other forms”

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
Enclosed	N/A	If owner did not complete this application, include Third Party Authorization Form
Yes	No	Was this application completed by anyone other than the applicant listed? <i>If YES, include the Third Party Authorization form with this application. This form is located on the LBMT website on the download forms page under “other forms”.</i>

ADDITIONAL INFORMATION

- Applications must be complete and all documentation received in order to be processed. Copies will not be accepted.
- It is the applicant’s responsibility to understand all rules, laws and standards BEFORE submitting the application. If you have any questions please contact the office for assistance.
- It is the responsibility of the applicant to review any emails or documentation sent via USPS from the board office and respond accordingly if additional information is needed. If you are not receiving notifications from the board office via email, please check your email spam folder.

DOCUMENTATION PROCESSING

Please mail your completed application to the address listed on the first page. All applications are processed in the order received. For this reason, the office cannot process or review applications if dropped off at the office. Make copies of this application for your records. The office cannot make copies unless a money order is received in the amount of .25 cents per page. Please call or email the office with any questions, we are happy to assist.

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