



Louisiana Board of Massage  
Therapy  
9619 Interline Avenue, Suite B  
Baton Rouge, LA 70809  
225-756-3488 www.labmt.org

Louisiana Establishment Registration **RENEWAL**  
**No Renewal Fee Unless Received after March 31st**  
Late Fee = \$100.00  
Cashier's Check or Money Order – Payable to LBMT

**2026 Establishment Registration Renewal**  
**(Solo Practitioner)**

The office is working with the web development team to accommodate ONLINE renewals for the 2026 renewal year. If you would prefer to renew ONLINE, please wait for further instructions. A notice will be posted on the website, emailed and mailed to all licensees when the process is available for ONLINE renewals. If you would prefer to mail in your renewal instead of waiting to renew online, you can do so with the paper renewal form.

**As a reminder** - Although renewal season begins January 1st, 2026 licenses do not expire until March 31st, 2026. This will allow ample time for renewals and does not change any rules, laws or policies regarding renewals or continuing education for professional licenses.

Effective 9/9/2024 – For security reasons, The Louisiana Board of Massage Therapy can no longer accept walk-ins at the office. All visitors will be required to schedule an appointment in advance. As a state office, all visitors are required to show a government issued ID upon arriving

- 1. It is advised when sending paper renewals to the office, to pay for tracking services to ensure delivery.** The office is not responsible for applications that are delayed, lost or delivered to the wrong address.
- 2. All renewals will be processed in the order in which received. Any renewal receive the last week of renewal season may take up to 5 (five) days to process. It is advised that licensees submit their renewal no later than five days prior to March 31st. This will allow ample time for corrections if the application is denied.** Documents submitted with this application will not be returned. Keep a copy for your record.

Date		Establishment #	
Establishment Legal Name:			
DBA Name (if applicable)			
Name of Owner/Legal Agent			

Establishment Address					
City		State		Zip	
Establishment Phone Number					
Owner Phone Number					
Email Address					

**Mailing Address: Use Establishment Address Above:    Yes**

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

**Name of licensed massage therapist working at this location**

1.    Name as listed on license		License Number	
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**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. The undersigned certifies to have read 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.

**Print Name:**\_\_\_\_\_ **Date:**\_\_\_\_\_

**Signature:**\_\_\_\_\_