



**Louisiana Board of Massage Therapy**

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

**Louisiana Application **RENEWAL** Establishment License**  
**RENEWAL Application Fee \$100.00**  
**Renewal Season: January 1<sup>st</sup> – March 31<sup>st</sup>.**  
**Any application Received or Post Marked after March 31<sup>st</sup> will require a \$100.00 Late fee**  
**Cashier's Check or Money Order Only – Payable to LBMT**

<p><b>DOCUMENTS SUBMITTED WITH THIS APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION AND ALL DOCUMENTS FOR YOUR RECORD.</b></p> <p>All locations where therapists regularly engage in the practice of massage therapy shall register with the board as a massage establishment</p>
<p><b>No massage establishment shall operate without an establishment license.</b> A massage establishment shall employ or contract only licensed massage therapist to perform massage therapy.</p> <p style="text-align: center;"><b>Notice Regarding Inspections:</b></p> <p>Licensed and Unlicensed Establishments. <i>A.</i> The board may make periodic inspections of all massage establishments, including licensed and/or unlicensed massage establishments. <i>B.</i> 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. <i>C.</i> Failure to cooperate with such inspections may lead to disciplinary action.</p>
<p><b>1. Notifications/Status updates</b></p> <p>During the renewal process email notifications will be sent to the email address on file with status updates.</p> <p><b>Received:</b> Indicates that your application was <b>received only</b>. This email does not mean your application was approved.</p> <p><b>Approved:</b> Indicates that your license was successfully renewed and available to print from your dashboard</p> <p><b>Denied:</b> Indicates that there were issues with your renewal and the application was not approved. For this reason, it is advised that licensees submit their renewals no later than 72 hours prior to March 31<sup>st</sup> so ample time will be available to make any correction and avoid the \$100.00 late fee.</p>
<p><b>2. Responsibility of each licensee</b></p> <p>It is the sole responsibility of the licensee to verify each status of the renewal process. If you do not receive the initial email indicating your renewal was “received” first check your junk/spam folder then email <a href="mailto:info@labmt.org">info@labmt.org</a> to confirm receipt. <b>Any denied renewal submitted that is not corrected by March 31<sup>st</sup> will require a \$100.00 late fee.</b> Please submit your renewal at least 72 hours prior to the deadline of March 31<sup>st</sup>.</p>
<p><b>3. Extensions &amp; Waivers</b></p> <p>It is the Board’s stance that based on the law, that <b>NO EXTENSIONS</b> or <b>WAIVERS</b> be given in regards to renewals regardless of the circumstances. Each Licensed Massage Therapist has 3 months to renew licenses between January 1<sup>st</sup> and March 31<sup>st</sup>, this is ample time to renew your license. <b>It is advised that licensees submit their renewal no later than 72 hours prior to March 31<sup>st</sup>.</b></p>

Date	
Establishment Number	
Establishment Tax ID #	
Name of Owner/Legal Agent	

Establishment Name:					
DBA Name (if applicable)					
Establishment Phone Number		Fax Number			
Email Address					
Establishment Website Address					
Establishment Address					
City		State		Zip	

Use Address Listed Above      Yes

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

**List all massage therapists employed at this location - (Use additional sheet, if needed)**

1.	Name as listed on license		License Number	
2.	Name as listed on license		License Number	
3.	Name as listed on license		License Number	
4.	Name as listed on license		License Number	
5.	Name as listed on license		License Number	
6.	Name as listed on license		License Number	
7.	Name as listed on license		License Number	
8.	Name as listed on license		License Number	
9.	Name as listed on license		License Number	
10.	Name as listed on license		License Number	

**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 further 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:** \_\_\_\_\_