



Louisiana Board of Massage Therapy

2645 O'Neal Lane, Bldg. C, Suite E
 Baton Rouge, LA 70816
 225-756-3488 www.labmt.org

Establishment Address Change For:
 Business Establishment License
 Establishment License Registration
 Notice is to be made within 30 days of occurrence

Business Establishment

Solo Practitioner Establishment

THIS FORM WILL NOT BE RETURNED. KEEP A COPY OF FOR YOUR RECORD.

Rule Chapter 29§2901 (A) All name, location and/or ownership changes of licensure must be reported in writing to the board within 30 days of 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.

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 applicant will be notified in writing. Information should be mailed to the address shown above. Incomplete forms will be returned. 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)



Establishment Registration: Solo Practitioner

| | | | | |
|---|--|--|-----|----|
| 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 change | | | | |

| | | | | | |
|-----------------|--|-------|--|-----|--|
| Current Address | | | | | |
| City | | State | | Zip | |

| | | | | | |
|-------------|--|-------|--|-----|--|
| NEW Address | | | | | |
| City | | State | | Zip | |

Business Establishment

REMINDER: Each massage therapist working and this location will need to update their information to reflect the name change on their license by logging into their account at labmt.org. Business Owners Can List This Information Below

| | |
|---|-------------|
| 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 change | |

| | | | | | |
|-----------------|--|-------|--|-----|--|
| Current Address | | | | | |
| City | | State | | Zip | |

| | | | | | |
|--------------------|--|-------|--|-----|--|
| NEW Address | | | | | |
| City | | State | | Zip | |

**List all massage therapists employed at this location under the new ownership
(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 | |
| 11. | Name as listed on license | | License Number | |
| 12. | Name as listed on license | | License Number | |

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