

Louisiana Board of Massage Therapy

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

MESSAGE ESTABLISHMENT 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. The application fee is non-refundable. If the application is returned, a new application and payment will need to be submitted. Applications should be mailed to the above address. For security reasons and as of September 2024, the office can no longer accept walk-ins.

Please call to schedule an appointment if necessary.

The LA Board of Massage Therapy cannot offer business advice or instructions on how to open/operate a business.

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 and requirements of LBMT laws.

1. **Type of Ownership:** Indicate type of ownership such as Sole Proprietor, Corporation, Partner
2. **Establishment Name:** Full legal name of the establishment
3. **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. **No generic signage such as "Massage" allowed.**
4. **Establishment phone number:** This is the phone number of the establishment used on all advertising material
5. **Owner phone number:** This is the phone number the office uses to contact the business owner directly
6. **Establishment physical address:** This is the physical location of the business
7. **Email Address:** This is where email notifications will be sent from the Board/Office
8. **Establishment Mailing Address:** This is where mail will be sent from the Board/Office
9. **Identification:** Provide copies of a government issued ID for all owners, partners etc.
10. **Other information:** Complete all other information as indicated in this packet
11. **Type of business:** Locate on this form, the type of business and complete that section as indicated
12. **Documentation:** Supporting Documentation such as Secretary of State Entity Documents, IRS EIN letter, Transfer of ownership documents. No hand written documents will be accepted
13. **Payment:** Cashier's Check or Money Order Only
14. **Third Party Authorization:** If the 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 download forms page under "other forms".

§2701. Inspections – All Establishments and Solo Registrations are inspected. Including but not limited to required random inspections, new establishments, inspections regarding complaints, operation without proper licensure or operation under an expired licenses.

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 and or fines.

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, employee changes, 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 requiring Board approval are reviewed at Board meetings, which are held quarterly. The dates of each meeting are located on the LABMT website.



<p align="center">Louisiana Application for Establishment License</p> <p align="center">Non-Refundable Application Fee</p> <p align="center">Application Pro-rated Fee: April to August \$100.00; September to December \$80.00; January to March \$60.00</p> <p align="center">Cashier's Check or Money Order Only – Payable to LBMT</p>

Please Check Type of Ownership: Sole Proprietor Partnership Corporation

Establishment Full Legal Name:			
Doing Business as (DBA) Name (name that will be used for all advertising including building signage)			
Establishment Phone Number (number that will be used for all advertising)		Owner Phone Number	
Establishment Website Address			
Date proposed establishment will open for business.			

Establishment Email Address	
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Note Profiles for the LABMT website will be created by the office by email address. 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, please email admin@labmt.org

Establishment Address					
City		State		Zip	

Establishment Mailing Address - Use above address

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		
Does the owner of this establishment live out of state?	Yes	No
Does the owner(s) of this proposed establishment currently own or ever owned a massage business in another state or in Louisiana. If yes, please list all businesses and locations on separate sheet indicating if the business is open or closed.	Yes	No
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 (restricted) in any manner? If yes, please explain on separate sheet.	Yes	No
Has the owner, partner, officer, director, stockholder etc., ever been part of any civil, criminal or administrative proceeding involving ANY violation of any statue, rule or regulation governing the practice of ANY profession? If yes, please explain on separate sheet.	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

Prior Ownership of Establishment

Has a previous massage establishment operated at this address	Yes	No
If yes, was there a change of ownership/sale (if yes, please provide sale/transfer documentation)	Yes	No
If yes, previous owners name		
If yes, previous business name		
Are there any outstanding fines, penalties or disciplinary actions associated with this business from the previous owner, or business address? (if uncertain, please contact the office)	Yes	No

List all massage therapists to be 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	

If only one therapist is listed above, do you intend to hire more therapists in the future? Yes No

If only one therapist is listed above, will this therapist be responsible for the day-to day operations? Yes No

Type of Ownership: **Sole Proprietor**

Owner Name			
Last 4 of Social Security Number or Federal Tax Identification Number (Please provide Tax ID documentation if registered)			
Owner Phone #		Email Address	

Owner Home Address					
City		State		Zip	

Owner Mailing Address – use same as above

Address					
City		State		Zip	

Type of Ownership: **Corporation, Limited Company or General Partnership** (example, Corporation, LLC, LP, LLP)

Name of Business Entity			
Owner Name			

Federal Tax Identification Number			
Owner Phone #		Email Address	

Owner Home Address				
City		State		Zip

Owner Mailing Address – Use same as above

Address				
City		State		Zip

Type of Ownership: **Partnership** (Two or more individuals)

Partner Name #1			
Federal Tax Identification Number			
Phone #		Email Address	

Partner #1 Home Address

Address				
City		State		Zip

Partner #1 Mailing Address

Address				
City		State		Zip

Partner Name #2			
Phone #		Email Address	

Partner #2 Home Address

Address				
City		State		Zip

Partner #2 Mailing Address

Address				
City		State		Zip

FOR ADDITIONAL PARTNERS ADD ADDITIONAL SHEET

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/Sale documents. No hand written documents will be accepted

THIRD PARTY AUTHORIZATION:

If any individual other than the listed business owner completes this application, a Third Party Authorization form is required and must be included with this application. 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 Application Fee, Cashiers Check or Money Order payable to LBMT

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"

Yes	No	Did the owner of this establishment complete the application?
Enclosed	N/A	If applicant did not complete this application, include Third Party Authorization Form
Enclosed	N/A	If change of ownership/sale – Provide Sale/Transfer of ownership documents
Enclosed	N/A	Supporting Documentation such as Secretary of State Entity Documents, IRS EIN letter

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