



**Louisiana Board of Massage Therapy**

9619 Interline Ave, Suite B

Baton Rouge, LA 70809

225-756-3488 www.labmt.org

**Louisiana Application for Establishment License**

**Non-Refundable Application Fee**

First Year Pro-rated Fee: April – June \$100.00; July – September \$75.00; October-December \$50.00; January – March \$25.00

**Cashier’s Check or Money Order Only – Payable to LBMT**

**Type of Ownership**

Sole Proprietor

Partnership

Corporation

**DOCUMENTS SUBMITTED WITH THIS APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION AND ALL DOCUMENTS FOR YOUR RECORD.**

All locations where therapists regularly engage in the practice of massage therapy shall register with the board as a massage establishment

Applications must be completed, typed or printed legible, submitted with the signed and notarized Verifying Affidavit, which must be dated within 30 days of the date the application is received by the LBMT Office. For example, if the application is dated April 15th and it is received at the office after May 15th, it is more than 30 days old and a new application would be required. All questions must be answered or the application will be returned. Incomplete applications will also 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. All documents are processed in the order in which received. The board office may contact the applicant if clarification is needed on any information submitted. If the board office requires an application to be reviewed by the board members, the applicant will be notified in writing. 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, Business Guide: [http://revenue.louisiana.gov/publications/20073BR\(10\\_11\).pdf](http://revenue.louisiana.gov/publications/20073BR(10_11).pdf)

**No massage establishment shall operate without an establishment license.** A massage establishment shall employ or contract only licensed massage therapist to perform massage therapy.

**Inspections:**

Licensed and Unlicensed Establishments. *A.* The board may make periodic 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.

After review, the applicant will be notified by email and or U.S. Mail if approved or additional information is needed. If the board office requires an application to be reviewed by the board members, the applicant will be notified in writing.

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

Date proposed establishment opened or will open for business.				
<b>Establishment Address</b>				
Establishment Phone Number:				
City		State		Zip

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

Does the owner or legal agent of this business hold a current massage license?		Yes	No
If yes, provide License Number			
Has the owner or legal agent of this business ever been denied a <b>massage or establishment</b> license in Louisiana? <b>If yes, please explain on separate sheet.</b>		Yes	No
Has the owner/owners of the proposed establishment ever held a massage license in Louisiana 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, partner, officer, director, stockholder or employee 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? <b>If yes, please list on separate sheet all locations – include closed locations.</b>		Yes	No
Are there any outstanding fines, penalties or cease & desist orders associated with this business or business address		Yes	No
Has a previous massage establishment operated at this address		Yes	No
If yes, was there a change of ownership/sale		Yes	No
If yes, previous owners name			

**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	

**OWNERHIP INFORMATION**

Complete the Appropriate Box Below Applicable to This Business  
Provide Supporting Documentation such as Secretary of State Entity Documents, IRS EIN letter, Etc.  
No hand written documents will be accepted.

**Choose the section below that applies to the type of business**

**IDENTIFICATION**

**Business owners shall provide a copy of their official government issued military ID, Driver's license or official identification card**

Type of Ownership

**Sole Proprietor**

Owner Name			
Last 4 of Social Security Number or Federal Tax Identification Number			
Owner Phone #		Email Address	

Owner Mailing Address

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 Mailing Address

Address					
City		State		Zip	



Type of Ownership

**Partnership** (Two or more individuals)

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

Mailing Address

Address					
City		State		Zip	

Partner Name #2				
Federal Tax Identification Number				
Phone #		Email Address		

Mailing Address

Street				
City				
State		Zip		

**FOR ADDITIONAL PARTNERS COMPLETE ADDITIONAL SHEET**



**IDENTIFICATION**

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

**DOCUMENTATION**

Provide Supporting Documentation such as Secretary of State Entity Documents, IRS EIN letter, Etc.  
No hand written documents will be accepted.

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**Verifying Affidavit**

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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.

\_\_\_\_\_  
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