



Louisiana Board of Massage Therapy

9619 Interline Ave, Suite B

Baton Rouge, LA 70809

225-756-3488 www.labmt.org

**Establishment License REGISTRATION Application
SOLO PRACTITIONER**

One person who engages in the practice of massage at a specific location

There is no charge to register as a solo practitioner however, if not renewed by March 31st, of each year there is a **\$100.00 late fee.**

In order to avoid a late fee, renewal applications must be postmarked, have an e-mail

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

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 can be dropped off at the office during hours open to the public but cannot be reviewed for accuracy or processed while you wait. 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)

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.

Mail application to the board office at the address listed above. 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.

DOCUMENTATION

Tax ID number, registration from the Louisiana Secretary of State, etc.

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

Tax ID #. If no tax ID#, last 4 of social security number.	
Date Establishment opened or will open for business	

Establishment Mailing Address					
City		State		Zip	

Owner Mailing Address					
City		State		Zip	

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
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
Is the owner or Legal agent of this establishment a licensed Massage therapist?	Yes	No
If yes, license #		
If no, has the owner of the proposed establishment ever held a massage and/or establishment license in Louisiana?	Yes	No
Are there any outstanding fines, penalties or cease & desist orders associated with this business or business address	Yes	No

Name of Massage Therapist Working at This Location

1. Name as listed on license		License Number	
------------------------------	--	----------------	--



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