

LOUISIANA BOARD OF MASSAGE THEREAPY

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

Establishment License Renewal Form

Cashier's Checks or Money Orders Only - No Personal or Business Checks Accepted RENEWAL FEE: \$100.00 LATE FEE: \$100.00 (postmarked after March 31st)

All locations where therapists regularly engage in the practice of massage therapy shall register with the board as a massage establishment. All locations where more than one therapist is regularly engaged in the practice of massage therapy shall be required to register as a massage establishment and pay an establishment license fee.

Please *Print* **or** *Type* **Information on Form.** All items must be completed on this form and it must be signed and dated. All incomplete applications and/or packages will be returned.

Establishment Number:			
Phone :()	Fax:()	
Email:			
Business Physical Address:		Suite #	
S	treet Number and Name	Suite #	
City	State	Zip	
Mailing Address: (If different fr	om Business Physical Address	8)	
		nployed at this specific Establishment if needed)	
herapist Name as listed on license	2	LA License Number	
herapist Name as listed on license	2	LA License Number	
Therapist Name as listed on licenson	e	LA License Number	

4.	
Therapist Name as listed on license	LA License Number
5.	
5. Therapist Name as listed on license	LA License Number
6.	
Therapist Name as listed on license	LA License Number
Note: Each therapist working at your location must present to address or the Licensed Massage Therapist Identification Card be done in accordance with the following:	
Title 46:XLIV, Chapter 33, §3301(A), which states: A. Each I In addition, each massage establishment shall post, in plain sig therapist who practices in the massage establishment. Each madentification Card (LMT-ID) in his possession while providing	tht, its establishment license and the license of each massage assage therapist must have his Licensed Massage Therapist
In accordance with Title 46 Professional and Occupational S Notification to board of Change of Status §2901. Name, Ov A. All name, location and/or ownership changes of licensure noccurrence using a form provided by the board.	vnership and/or Location Changes
The undersigned certifies to be the owner or legal agent of th read and understand the application and that all_information pr	
Signature of Owner or Legal Agent	Date

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