



Louisiana Board of Massage Therapy

2645 O'Neal Lane, Bldg. C, Ste. E  Baton Rouge, LA 70816

225-756-3488  www.labmt.org

LBMT005 - ESTABLISHMENT REGISTRATION FOR SOLO PRACTITIONER **(ONLY ONE PERSON IS ENGAGED IN THE PRACTICE OF MASSAGE THERAPY AT A SPECIFIC LOCATION)**

All locations where therapists regularly engage in the practice of massage therapy shall register with the board as a massage establishment. For a solo practitioner, there is no fee for this registration. 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. All Items must be completed on this form and it must be signed and notarized.
(Use additional sheet if needed.)

1. **Name of Establishment:** _____

Phone: _____ **Fax:** _____

Email: _____

Business Physical Address: _____
Street Number and Name Suite #

City State Zip

Mailing Address: (If different from Business Physical Address)

2. **Tax ID Number:** _____

3. **Name of Establishment Owner or Legal Agent:** _____

4. Is the owner or legal agent of the massage therapy establishment a licensed Massage Therapist?

Yes No If yes, License # _____

5. List the LICENSED MASSAGE THERAPIST employed :

Therapist Name as listed on license LA License Number

6. 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?

NO YES (explain)_____

7. Has the owner/owners of the proposed establishment ever held a massage license in Louisiana that has been revoked, suspended, fined, placed on probation, or otherwise acted against or encumbered in any manner?

NO YES (explain)_____

8. Has the owner of the proposed establishment ever held a massage and/or establishment license in Louisiana?

YES Type: _____ # _____ Expiration: _____ NO

If yes, please provide copies of licenses held and/or a list with all information concerning the establishment, including name, address, license number, status, closing date, etc.

9. Date Establishment opened or will open for business: _____

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 the 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 _____

SEAL

My Commission Expires: _____

Signature of Notary

License Number: _____

Printed Name