



LOUISIANA BOARD OF MASSAGE THERAPY

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**CHANGE OF ADDRESS FOR ESTABLISHMENT LICENSE
OR REGISTRATION - LBMT017**

Enter Information on Form and Print - OR -Print Blank Form and Type or Print Information

NAME OF ESTABLISHMENT **LICENSE OR REGISTRATION NUMBER**

ADDRESS CURRENTLY ON FILE:

STREET NUMBER & NAME OR P.O. BOX **APT. OR STE. NUMBER**

CITY **STATE** **ZIP**

EMAIL ADDRESS **PHONE**

NEW ADDRESS:

STREET NUMBER & NAME OR P.O. BOX **APT. OR STE. NUMBER**

CITY **STATE** **ZIP**

EMAIL ADDRESS **PHONE**

SIGNATURE OF OWNER OR LEGAL AGENT **DATE**

NOTE: Must be signed to process change.