



Louisiana Board of Massage Therapy
 9619 Interline Avenue, Suite B
 Baton Rouge, LA 70809
 225-756-3488 www.labmt.org

Change of Status Form: Business Name Change
 Notice is to be made within 30 days of occurrence

DOCUMENTS SUBMITTED WITH THIS FORM WILL NOT BE RETURNED. KEEP A COPY OF FOR YOUR RECORD.
Rule Chapter 29§2901 (A) requires notice to the board when the Name, Ownership and or Tax identification number changes. This notice must be made within 30 days of the occurrence.
No massage establishment shall operate without an Establishment license.

A massage establishment shall employ or contract only licensed massage therapist to perform massage therapy. After review, the contact listed will be notified by email and or U.S. Mail when processed or if additional information is needed. If the board office requires the information to be reviewed by the board members at the next meeting, the applicant will be notified in writing. Information should be mailed to the address shown above. Incomplete forms will be returned, this includes not providing supporting documentation for verification. The Louisiana Board of Massage Therapy cannot offer business advice or instructions on how to open/operate a business in the state of Louisiana. **It is the responsibility of the owner to verify if your parish has any additional occupational license requirements or ordinances for massage establishments.**

Louisiana Secretary of State website: <https://www.sos.la.gov/Pages/default.aspx>
 Louisiana Department of Revenue: [http://revenue.louisiana.gov/publications/20073BR\(10_11\).pdf](http://revenue.louisiana.gov/publications/20073BR(10_11).pdf)

ESTABLISHMENT NAME CHANGE DOCUMENTATION

Documentation must be provided.

For example, if Sole Proprietor you should furnish the new name under which you will be operating, or Trade Name filing with Clerk of Court or Registration with Secretary of State. If Corporation or Limited Liability Company (LLC) you should provide updated Articles of Incorporation or other filings with the Secretary of State reflecting name change.)

REMINDER

Each massage therapist working and this location will need to update their information to reflect the name change on their license by logging into their account at labmt.org. Business will also need to list this information below.

Previous Establishment Name:		Establishment #	
Previous DBA Name (if applicable)			
Establishment Owner Name			
Establishment Tax ID			
Are there any outstanding fines, penalties or cease & desist orders associated with this business			Yes No
Email Address			
Phone Number			
NEW Establishment Name			

List all massage therapists employed at this location under the new ownership (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	
11. Name as listed on license		License Number	
12. Name as listed on license		License Number	

Verifying Affidavit

I hereby certify that I am the person referred to on the application as the owner or legal agent and that the information provided is true and correct to the best of my knowledge. I also understand

_____ **Print Owner or Legal Agent's Name**

_____ **Signature** **Date**

_____ **Printed Name**