



**Louisiana Board of Massage  
Therapy**  
9619 Interline Avenue, Suite B  
Baton Rouge, LA 70809  
225-756-3488 [www.labmt.org](http://www.labmt.org)

**Change of Status Form: Change of Ownership**  
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 new owner 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, 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)



**DOCUMENTATION**

Documentation must be provided such as new Tax ID number, registration from the Louisiana Secretary of State, Legal change of ownership transfer documents. Government issued ID. No hand written documents will be accepted. Government issued ID.

**PREVIOUS OWNER/BUSINESS INFORMATION**

Establishment Legal Name:		Establishment #	
DBA Name (if applicable)			
Previous Establishment Owner Name			
Are there any outstanding fines, penalties or cease & desist orders associated with this business owner or business address?			Yes    No Not Sure
Has the previous owner(s) of the proposed establishment ever held a license in Louisiana issued by the Board, that has been revoked, suspended, fined, placed on probation, voluntarily surrendered or otherwise acted against or encumbered in any manner?			Yes    No Not Sure
Previous Business Phone Number			
Effective date of Ownership Change			

<b>Business Address</b>					
City		State		Zip	
Website Address					

<b>Mailing Address</b>					
City		State		Zip	



**NEW OWNER/BUSINESS INFORMATION**

Establishment Legal Name:				
DBA Name (if applicable)				
New Business Owner Name:				
New Business Tax ID				
Is the New Owner a Licensed Massage Therapist	Yes	No	If yes LA License #	
New Owner Phone Number:				
New Owner Email Address				

<b>Home Address</b>					
City		State		Zip	

<b>Mailing Address</b>					
City		State		Zip	

Has the <b>new</b> owner of the establishment ever held a massage license/business establishment 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
Does the <b>new</b> owner of this establishment currently own/previously owned other massage establishments in Louisiana? If yes, please list on separate sheet.	Yes	No

**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	



**IDENTIFICATION:** Business owners shall provide a copy of their official government issued military ID, Driver’s license or official identification card

**DOCUMENTATION:** Provide Supporting Documentation such as Secretary of State Entity Documents, IRS EIN letter, Legal transfer of ownership documents. No hand written documents will be accepted.

**Verifying Affidavit**

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.

\_\_\_\_\_  
**Print Owner or Legal Agent’s Name**

\_\_\_\_\_  
**Signature** **Date**

\_\_\_\_\_  
**Printed Name**