



**Louisiana Board of Massage Therapy**

9619 Interline Avenue, Suite B

Baton Rouge, LA 70809

225-756-3488 [www.labmt.org](http://www.labmt.org)

**Request to Close:**

**Business Establishment or Solo Practitioner Location**

**Notice is to be made within 30 days of occurrence**

**All Establishment Licenses Must Be Surrendered To the Office with This Form**

**BUSINESS ESTABLISHMENT**

**SOLO PRACTITIONER LOCATION**

**Closed Permanently**

**Sold**

**No Longer Offering Massage Services**

**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. If this closure is due to a business sale a new establishment application will need to be submitted and the new business cannot operate under the old license.

**All Establishment Licenses Must Be Surrendered To the Office With This Form**

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, the contact listed on this form will be notified in writing. Original form should be mailed to the address shown above. Incomplete forms will be returned and delay processing. The Louisiana Board of Massage Therapy cannot offer business advice or instructions on how to open/operate a business in the state of Louisiana.

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)

**Complete the appropriate section as it pertains to the request**

**BUSINESS ESTABLISHMENT - PERMANENT CLOSURE**

**All Establishment Licenses Must Be Surrendered To the Office With This Form.**

Establishment Number:		Effective Date of Closure	
Establishment Name:			
DBA Name (if applicable)			
Establishment Owner Name			
Establishment Tax ID			
Are there any outstanding fines, penalties or cease & desist orders associated with this business or business address	Yes	No	
Owner Email Address			

Owner Phone Number				
Establishment Address				
City		State		Zip



**CLOSURE DUE TO SALE**  
**All Establishment Licenses Must Be Surrendered To the Office With This Form. New Owner(s) Cannot Operate Under a Closed Establishment License. A New Application for Establishment License Must be Completed**

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

Establishment Address				
City		State		Zip



**NO LONGER OFFERING MASSAGE SERVICES**  
**All Establishment Licenses Must Be Surrendered To the Office With This Form.**

Establishment Number:				
Establishment Name:				
DBA Name (if applicable)				
Establishment Owner Name				
Establishment Tax ID				
Are there any outstanding fines, penalties or cease & desist orders associated with this business or business address			Yes	No
Owner Email Address				
Owner Phone Number				
Effective Date of Services Terminated				

Establishment Address				
City		State		Zip



**SOLO PRACTITIONER: CLOSURE OF BUSINESS REGISTRATION**  
**All Establishment Licenses Must Be Surrendered To the Office With This Form.**

Establishment Number:		Effective Date of Closure	
Establishment Name:			
DBA Name (if applicable)			
Establishment Owner Name			
Establishment Tax ID or Last 4 of SS#			
Are there any outstanding fines, penalties or cease & desist orders associated with this business or business address			Yes      No
Owner Email Address			
Owner Phone Number			
Effective date of Closure			

Establishment Address					
City		State		Zip	

*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.*

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

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

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