



Louisiana Board of Massage Therapy

2645 O’Neal Lane, Bldg. C, Suite E

Baton Rouge, LA 70816

225-756-3488 www.labmt.org

Change of Status Form: Massage Establishments

Change of Ownership

Name Change of Business

Notice is to be made within 30 days of occurrence

CHANGE OF OWNERSHIP

NAME CHANGE OF BUSINESS

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. Acceptable documentation includes, registration from the Secretary of State, All requests are processed in the order in which received. 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

CHANGE OF OWNERSHIP

DOCUMENTATION

Documentation must be provided such as new Tax ID number, registration from the Louisiana Secretary of State, etc. Forms submitted that do not include the appropriate information will be returned.

PREVIOUS OWNER INFORMATION

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

Change of ownership continued...

Business Address					
City		State		Zip	

Mailing Address					
City		State		Zip	



NEW OWNER/BUSINESS INFORMATION

Establishment Legal Name:			Establishment #	
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 #	
Phone Number:				
Email Address				

Home Address					
City		State		Zip	

Mailing Address					
City		State		Zip	

Has the new 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 new owner of this establishment currently own/previously owned other massage establishments in Louisiana? If yes, please list on separate sheet.	Yes	No
Phone Number:		
Email Address		

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 Owners Can 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