



## Louisiana Board of Massage Therapy

9619 Interline Ave  
Suite B  
Baton Rouge, LA 70809  
225-756-3488  
[www.labmt.org](http://www.labmt.org)

Questions: [info@labmt.org](mailto:info@labmt.org)

## Establishment License Registration

### Registration Fee: First Year Pro-rated Fee

April to August \$100.00/September to December \$80.00/January to March \$60.00

The fee is determined by the month in which the registration is submitted.

**Cashier's Check or Money Order Only – Payable to LBMT**

### 1. Know the Law

As a professionally licensed Establishment owner, you are solely responsible for understanding all Laws, Rules, Regulations and Standards that govern the profession of massage therapy in Louisiana. Visit the Louisiana Law link on the LBMT website.

### 2. Registration

Approved applicants must register their license within **45 days** from the date in which the application was approved. If past 45 days, the application process will need to be completed again. Registrations can be done online through your personal LABMT account or by completing this form and mailing to the office. Incomplete registration forms will be returned. The board office may contact the registrant for clarification if needed on any information submitted. If the board office requires review by the Board members, the registrant will be notified in writing. An approval email will be sent once the registration is processed. After approval the license will be available for printing from your personal dashboard on the website.

### 3. Once Approved

It is the responsibility of the Establishment owner to read notifications received via email and/or USPS as well as the visit the website regularly for changes in processes, policies, laws, rules and standards. It is the responsibility of the Establishment owner to respond to any correspondence sent via email or USPS in the timeframe required if indicated. Information will be sent to the email/mailing address submitted to the board and on record.

### 4. Notification Changes

Licensees are required to notify the Board office of any changes regarding contact information. Business owners are required to notify the office of employment changes for massage therapists within 30 days.

### **§2701. Inspections**

The LBMT adopted a Fines and Penalty Schedule in 2013 to be uniform in the administration of fines and penalties and to address violations noted on any inspection report, office audit or otherwise brought to the attention of the Board. To review the full Fines and Penalty schedule please visit [labmt.org](http://labmt.org) / law page

#### **Minor violations found from required office audits:**

Violations such as required filings, registrations or update notifications result in fines starting at \$100.00 per violation. Examples include but are not limited to, addition and removal of licensed therapists, change of address business closure forms etc.

#### **Inspection violations based on the violation of any statute:**

Violations for rule or regulation start at \$300.00 not to exceed \$750.00.

#### **Serious inspection violations, including but not limited to:**

A massage establishment being used as a principal or temporary domicile, shelter, or harbor, or as sleeping or napping quarters for any person unless the establishment is zoned for residential use under a local ordinance. Aiding, assisting, procuring, or advising any unlicensed person to practice massage therapy, contrary to this rule or to a rule of the department or the board. \$1000.00 per violation

**Repeat, subsequent violations or failure to show corrective action**, will result in double fines and or disciplinary action. To review the fines and penalty schedule please see the law tab on the website.

**LOUISIANA BOARD OF MASSAGE THERAPY ESTABLISHMENT LICENSE REGISTRATION**

<b>Establishment Full Legal Name:</b>			
<b>Doing Business as (DBA) Name</b>			
Owner Name:			
Establishment Phone #		Owner Phone #	
Email Address			

## Establishment Address

Street			
Suite/Apt#		City	
State			Zip

**Mailing Address: Same as Above**

Street			
Suite/Apt#		City	
State	Zip		

**List the name of at least one massage therapists to be employed at this location - (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	

**If only one therapist is listed above, do you intend to hire more therapists in the future?**

**YES** **NO**

**If only one therapist is listed above, will this therapist be responsible for the day-to-day operations of the business?**

**YES** **NO**

**I affirm that:**

The undersigned does hereby certify to be the person referred to on the application as the owner or legal agent. If the application was not completed by the listed applicant, a third party authorization form is enclosed. I certify that all information, statements, and documents provided by me are true, accurate, complete and correct to the best of my knowledge.

I certify and understand the responsibility to operate this establishment in a safe and sanitary manner and only employ licensed massage therapists to provide massage services at this location. I further certify that I have read and understand the rules and laws that govern the massage profession as stated in **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 Name:

Date:

Signature: