



Louisiana Board of Massage Therapy

9619 Interline Ave, Suite B

Baton Rouge, LA 70809

225-756-3488 www.labmt.org

MESSAGE ESTABLISHMENT APPLICATION INSTRUCTIONS

(Updated / Effective 1/27/2026)

For security reasons, The Louisiana Board of Massage Therapy can no longer accept walk-ins at the office. All visitors will be required to schedule an appointment in advance. As a state office, all visitors are required to show a government issued ID upon arriving. (Effective 9/9/2024)

INSTRUCTIONS

1. **Application**

It is highly recommended to include tracking services when sending this application to the office to ensure delivery. Applications must be completed, typed or printed legible, submitted with the signed and notarized Verifying Affidavit, which must be dated within 30 days of the date the application is received by the LBMT Office. Application must be completed by the applicant listed unless a third party authorization form is included. All questions must be answered or the application will be returned. The board office may contact the applicant if clarification is needed on any information submitted. If the board office requires an application to be reviewed by the board members, the applicant will be notified in writing. Email communication from the office will be sent to the email address listed on this application. Written communication from the office will be sent via USPS to the mailing address listed on this application. Documents submitted with this application will not be returned. Keep a copy for your records

2. **Application fee of \$75.00**

Cashier's Check or Money Order only, SIGNED & PAYABLE to LBMT. This initial fee covers the processing of this application. Once the application has been approved, the applicant will be notified of eligibility to be licensed and receive instructions on how to register their Establishment license and the cost of the fees associated with the registration. (April to August \$100.00; September to December \$80.00; January to March \$60.00)

3. **Background Check** - Certain types of criminal convictions may disqualify an individual for Establishment licensure in Louisiana. The criminal background history must cover a period of at least five years preceding the date of the application.

- a) The background process is initiated by enrolling through **Identogo** using the **unique service code** for the Louisiana Board of Massage Therapy. A **Background Authorization Form** is also required with this application authorizing the LBMT designee to access your background check electronically. Please see the attached instructions for both Louisiana residents and out-of-state applicants included with this application. If you have any questions, please contact Identogo for assistance. 844-539-5543
- b) **Background Disclosure Information** -The Louisiana Board of Massage Therapy may use the criminal convictions of applicants as a basis for denial of an application for licensure. The Board is required to consider the following factors in deciding whether to grant a license to an applicant with one or more criminal convictions: (1) the nature and seriousness of the offense(s); (2) the nature of the specific duties and responsibilities for which the license is required; (3) the amount of time that has passed since the conviction(s); (4) facts relevant to the circumstances of the offense(s), including any aggravating or mitigating circumstances or social conditions surrounding the commission of the offense(s); and (5) evidence of rehabilitation or treatment undertaken by the person since the conviction(s).

4. **Type of Ownership**

Indicate type of ownership such as Sole Proprietor, Corporation, Partnership

5. **Establishment Name**

Full legal name of the establishment

6. **Doing Business as (DBA) Name**

Provide the full DBA name for your business. All building signage, advertising material, website etc., must match the establishment name as registered with the Board. The establishment number must be printed on all advertising material. No generic signage such as "Massage" allowed.

7. **Establishment Advertising Information**

Information that will be used on all advertising material and matches exactly what is registered with the Board

8. **Owner and Other Information**

Information provided to contact the business owner

9. **Identification:**

Provide copies of a government issued ID for all owners, partners etc.

10. **Right to possess the premises where the establishment will be located.**

Provide documentation such as a lease, property ownership or letter of intent from the landlord

11. **Other information**

Complete all other information as indicated on this application

12. **Documentation**

Supporting Documentation such as Secretary of State Entity Documents, IRS EIN letter, Transfer of ownership documents. No hand written documents will be accepted

13. **Third Party Authorization:**

If the application is completed by any individual other than the listed business owner, a Third Party Authorization form is required. Please email the office at info@labmt.org

§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 / 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
- **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.

Notice - Effective August 1st, 2025

"Louisiana Massage Therapists and Massage Establishments Act" - §3565. Penalties

(2) After a revocation of a massage establishment license pursuant to this Subsection, no occupational license, permit, or massage establishment license shall be issued by a local governing authority or the board for the operation of a massage establishment at that same premises or address of the revoked license.



Louisiana Application for Establishment License
Non-Refundable Application Fee: \$75.00
Cashier's Check or Money Order Only - Payable to LBMT

Please Check Type of Ownership:

Sole Proprietor

Partnership

Corporation

| | | | | | |
|--|--|-------|--|----------------------|--|
| Establishment Full Legal Name: | | | | | |
| Doing Business as (DBA) Name (name that will be used for all advertising including building signage) | | | | | |
| Owner Name: | | | | | |
| Establishment Phone Number (# to be used for all advertising) | | | | Owner Phone # | |
| Establishment Address | | | | | |
| City | | State | | Zip | |
| Email Address | | | | | |
| Date proposed Establishment will open for business | | | | | |

Mailing Address - Use above address YES

| | | | | | |
|--------------------------------------|--|-------|--|-----|--|
| Establishment Mailing Address | | | | | |
| City | | State | | Zip | |

| | | |
|--|-----|----|
| Does the owner or legal agent of this business hold a current massage license in Louisiana or any other state? | Yes | No |
| If in Louisiana, provide the Louisiana License Number If out of state – please list state(s) and license number on separate sheet | | |
| Does the owner of this establishment live out of state? | Yes | No |
| Has the owner(s) or legal agent of the proposed establishment ever held a massage license or establishment license (massage business) in any state that has been revoked, suspended, placed on probation, voluntarily surrendered, or otherwise acted against or encumbered in any manner? If yes , please explain on separate sheet. | Yes | No |
| Has the owner, partner, officer, director, stockholder etc., ever been part of any civil, criminal or administrative proceeding involving ANY violation of any statute, rule or regulation governing the practice of ANY profession? If yes, please explain on separate sheet. | Yes | No |
| Does the owner of this establishment currently own/previously own other massage establishments in Louisiana or any other state ? If yes , please list on separate sheet all locations – including closed locations. | Yes | No |
| Is this application a result of a cease and desist issued by the Board? If yes please provide the date the business opened: _____ | Yes | No |

Prior Ownership at This Location

| | | |
|---|-----|----|
| Has a previous massage establishment operated at this address | Yes | No |
| If yes, was there a change of ownership/sale (if yes, please provide sale/transfer documentation) | Yes | No |
| If yes, previous owners name | | |
| If yes, previous business name | | |

| | | |
|---|-----|----|
| Are there any outstanding fines, penalties or disciplinary actions associated with this business, the previous owner, or business address, including license revocation? (if uncertain, please contact the office) | Yes | No |
|---|-----|----|

Background Check:

- a.) The background check process should be initiated **prior to or at the same time** the application is completed. Please provide the date the background check was completed in the box below.

| | |
|---|--|
| Date the Background Check was completed | |
|---|--|

- b.) Complete the enclosed background authorization form and include with this application. This form authorizes the LBMT designee permission to receive the background check.

Type of Ownership: **Sole Proprietor**

| | | | |
|--|--|---------------|--|
| Owner Name | | | |
| Last 4 of Social Security Number or Federal Tax Identification Number (Please provide Tax ID documentation if registered) | | | |
| Owner Phone # | | Email Address | |

Owner Mailing Address

| | | | | |
|---------|--|-------|--|-----|
| Address | | | | |
| City | | State | | Zip |

Type of Ownership: **Corporation, Limited Company or General Partnership** (example, Corporation, LLC, LP, LLP)

| | | | | |
|-----------------------------------|--|---------------|--|--|
| Name of Business Entity | | | | |
| Owner Name | | | | |
| Federal Tax Identification Number | | | | |
| Owner Phone # | | Email Address | | |

Owner Mailing Address

| | | | | |
|---------|--|-------|--|-----|
| Address | | | | |
| | | | | |
| City | | State | | Zip |

Type of Ownership: **Partnership** (Two or more individuals)

| | | | |
|-----------------------------------|--|--|--|
| Partner Name #1 | | | |
| Federal Tax Identification Number | | | |

| | | | |
|---------|--|---------------|--|
| Phone # | | Email Address | |
|---------|--|---------------|--|

Mailing Address - **If owner is out of state please provide out of state mailing address**

| | | | | | |
|---------|--|-------|--|-----|--|
| Address | | | | | |
| City | | State | | Zip | |

| | | | | | |
|------------------------|--|---------------|--|--|--|
| Partner Name #2 | | | | | |
| Phone # | | Email Address | | | |

Partner #2 Mailing Address

| | | | | | |
|--------|--|-----|--|--|--|
| Street | | | | | |
| City | | | | | |
| State | | Zip | | | |

FOR ADDITIONAL PARTNERS ADD ADDITIONAL SHEET

IDENTIFICATION:

Business owners shall provide a copy of their official government issued ID, Driver's license, Military ID or official identification card

DOCUMENTATION:

Right to possess premises of establishment location, as well as additional documentation, such as a lease, property ownership, letter of intent from the landlord. Supporting Documentation such as Secretary of State Entity Documents, IRS EIN letter, Transfer of ownership documents. No hand written documents will be accepted.

THIRD PARTY AUTHORIZATION:

If any individual other than the listed business owner completes this application, a Third Party Authorization form is required and must be included with this application. This form can be downloaded from the LBMT website or email the office at info@labmt.org

APPLICATION CHECK LIST:

Included Application Fee, Cashiers Check or Money Order made payable to LBMT

Background Check Authorization Form

Included Copy of Government Issued ID

Federal Tax ID documentation & Secretary of State Documentation

Property documentation such as a lease, ownership, letter of intent from the landlord

I have read and understand all Laws, Rules as well as the Fines and Penalty schedule located on the LBMT website. Labmt.org, "Louisiana Law Page"

Enclosed N/A If change of ownership/sale – Provide Sale/Transfer of ownership documents

Enclosed N/A If applicant did not complete this application, include Third Party Authorization Form

Verifying Affidavit

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.

Printed Name of Owner or Legal Agent

Signature of Owner or Legal Agent

Date

State of _____, Parish or County of _____

Sworn and subscribed by applicant before me the _____ day of _____ in the year of _____.

Signature of Notary

My Commission Expires

Printed Name

License Number

SEAL



BACKGROUND CHECK AUTHORIZATION FORM
Louisiana State Police Bureau of Criminal Identification and Information
P.O. Box 66614 (Mail Slip A-6)
Baton Rouge, LA 70896

Return This Form With Application

APPLICANTS FULL NAME:

PRINT – USE INK LAST FIRST MIDDLE

*INCLUDE MAIDEN NAME & PREVIOUS MARRIED NAMES BELOW IF APPLICABLE:

*LAST FIRST MIDDLE

*LAST FIRST MIDDLE

APPLICANTS SOCIAL SECURITY # _____ - _____ - _____

DATE OF BIRTH: _____ / _____ / _____ RACE _____ SEX _____

DRIVERS LICENSE or ID # _____ STATE _____

POSITION or LICENSE APPLIED FOR _____

APPLICANTS SIGNATURE: _____

APPLICANTS PHONE NUMBER: _____

AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION

By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility with the facility or agency named above. Pursuant to Title 28, C.F.R., Section 16.34, officials making the determination of suitability for licensing or employment shall provide the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record.

Revised 12/9/2024

Louisiana Board of Massage Therapy Background Check Instructions

Effective April 2025, the Louisiana Board of Massage therapy will be using a new statewide applicant processing system for criminal background checks. As a part of the new process, applicants will be required to schedule a fingerprint appointment at a location of their choosing with **Identogo**. There is a process for both in-state and out-of-state applicants. This new system is easy to use, but if you have any questions, **you can call Identogo for assistance or schedule an appointment at 844-539-5543.**

In-State Applicants

1. Please go to <https://uenroll.identogo.com> and use the following unique service code **27N68S**, which allows the system to identify which agency, is requesting the background check. You must enter this code when registering. If you do use the code specific to the LBMT, you will not be able to proceed. You are requesting a state and federal background check.
2. Select "Schedule or manage an appointment." Make an appointment at an office location and time that is convenient for you. This is a very simple process where you enter basic information and then select a date, time, and location for your appointment.
3. When you go to an Identogo office, your identity will be verified and your prints obtained via the Livescan technology.
4. You will pay Identogo directly for this service. Applicants may pay by credit/debit card, check or money order.
5. Once you have completed the appointment, the fingerprints are electronically submitted to Louisiana State Police (LSP) and the background check will be processed.
6. LSP will send the results via a secure interface to LBMT within approximately 3 days.
7. Occasionally the fingerprints do not go through well and are rejected by the FBI and LSP's system. If this occurs, you will receive an email from Identogo/Idemia letting you know that you must reschedule an appointment and be fingerprinted again. You must use the link provided in the email to reschedule another appointment to avoid being charged again for the fingerprinting service.
8. A list of identification documents needed is provided on the Fingerprint Service Code Form.

Out of State Applicants

The process is similar if you are applying from outside of Louisiana, in the United States, or from a country that has an Idemia office with the Livescan technology.

1. If you reside in a state with Idemia/Identogo services, you can schedule a Livescan print in the same manner for in-state applicants.
2. Pre-enroll for Livescan Processing at <https://uenroll.identogo.com> entering the unique service code **27N68S**.
3. Use the zip-code lookup to find the most convenient location for your fingerprinting process. If no location is available within 100 miles or you do not wish to visit the identified location, there is an option to switch to card scan processing.
4. If your state (or country) does not have Idemia/Identogo services you must obtain a printed fingerprint card from a local law enforcement agency and mail your prints in for card scan processing. This process is completed through the same website <https://uenroll.identogo.com>. To mail in cards you must pay for the service online and use the shipping label provided.
5. Livescan results should be available through the secure interface within 3 days. Results for mailed in cards should be available within 7 days.
6. Occasionally the fingerprints do not go through well and are rejected by the FBI and LSP's system. If this occurs, you will receive an email from Identogo/Idemia letting you know that you must reschedule an appointment and be fingerprinted again. You must use the link provided in the email to reschedule another appointment to avoid being charged again for the fingerprinting service.
7. A list of identification documents needed is provided on the Fingerprint Service Code Form.



Louisiana State Board of Massage Therapy Licensure -USE ONLY

Fingerprint Service Code Form

Service Name: Louisiana State Board of Massage Therapy Licensure

To Schedule your ten-minute fingerprint appointment, simply visit <https://uenroll.identogo.com> and enter the following Service Code

27N68S

*Service Code is unique to your hiring/licensing agency. **Do not use this code for another purpose.***

Please bring one of the identification documents from the list below to your enrollment appointment. Identification must be valid, not expired, and contain a photograph of the applicant.

- Driver's License issued by a State or outlying possession of the U.S.
- Commercial Driver's License issued by a State or outlying possession of the U.S.
- ID card issued by a federal, state, or local government agency or by a Territory of the United States
- Enhanced Tribal Identification Card (for federally recognized U.S. tribes)
- Uniformed Services Identification Card (Form DD-1172-2)
- U.S. Military Identification Card
- U.S. Coastguard Merchant Mariner Card
- Military Dependent's Identification Card
- U.S. Passport
- Foreign passport
- Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
- Employment Authorization Card/Document (I-766) that contains a photograph
- U.S. Visa issued by the U.S. Department of Consular Affairs for travel to or within, or residence within, the United States



Don't have access to the Internet? You can still schedule an appointment by calling 844-539-5543.