



Louisiana Board of Massage Therapy
 9619 Interline Avenue, Suite B
 Baton Rouge, LA 70816
 225-756-3488 www.labmt.org

Request to Close:
 Business Establishment or Solo Practitioner Location
 Notice is to be made within 30 days of occurrence

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 applicant will be notified in writing. Information should be mailed to the address shown above. Incomplete forms will be returned. 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