Louisiana Board of Massage Therapy
9619 Interline Ave, Suite B
Baton Rouge, LA 70809
225-756-3488 labmt.org

Application for Licensure: ESTABLISHMENT REGISTRATION

You must be a license massage therapist in Louisiana to qualify for an Establishment Registration
For Clarification, please see the FAQ information on the establishment application page on the website.

If you work or contract at a physician office, physical therapy facility, chiropractic office, or athletic training facility, institution of secondary or higher education were massage therapy is practiced in connection with employment to an athletic team (whether or not they employ, contract with, or rent to massage therapists) you are not required to have an Establishment Registration

INSTRUCTIONS

1. **Application**
   a. Original documentation only, no copies will be accepted.
   b. Applications must be submitted correctly and legible prior to review. All questions must be answered, documentation included, and payment submitted.
   c. Incomplete applications will be returned and require resubmission along with payment.
   d. The Board office will contact the applicant if clarification or additional documentation is needed
   e. If the Board office requires any application to be reviewed by the Board for approval, the applicant will be notified in writing
   f. Email is the first method of correspondence and will be sent to the email address listed on this application. If necessary, USPS will be the second method of contact and sent to the address listed on this application.
   g. There is no application fee for an Establishment Registration, however if your license is not renewed by the March 31st deadline there will be a $100.00 late fee.

2. **Establishment Name**
   a. Full legal name of the establishment

3. **Doing Business as (DBA) Name**
   a. Provide the full DBA name for your business.
   b. 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 such as business cards or brochures (but not on building signage). No generic signage such as “Massage” allowed.

4. **Identification:**
   a. Provide copies of a government issued ID

5. **Other information**
   a. Complete all other information as indicated on this application

6. **Documentation**
   a. Supporting Documentation such as Secretary of State Entity Documents, IRS EIN letter

7. **Third Party Authorization:**

a. 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

8. **Processing, Mailing, Documentation**
   a. Mail completed application to the address listed above and make copies of ALL documentation for your records as they will not be returned. The office can only make copies if a money order is received in the amount of .25 cents per page.
   b. **Pay for tracking services** when sending the completed application to the office. The office is not responsible for any delivery issues or lost applications.
   c. For security reasons, the office cannot accept walk-ins and all visitors must schedule an appointment in advance.
   d. Applications are reviewed and processed in the order received and cannot be processed at scheduled appointments.

§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.

- **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.

- **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.

ESTABLISHMENT REGISTRATION APPLICATION - NEW

ESTABLISHMENT INFORMATION			
Establishment Legal Name			
DBA – Advertising Name			
First Name		Last Name	
DOB		Phone #	
Establishment Phone #		Email Address	
Proposed Opening Date			
Professional Massage License #			

ESTABLISHMENT INFORMATION					
Street Line 1					
Street Line 2					
City		State		Zip	
MAILING ADDRESS ☐ **USE ESTABLISHMENT ADDRESS**					
Street Line 1					
Street Line 2					
City		State		Zip	

OWNER HOME ADDRESS					
Street Line 1					
Street Line 2					
City		State		Zip	

DISCLOSURE INFORMATION	
Have you 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
Have you ever been part of any civil, criminal or administrative proceeding involving ANY violation of any statue, rule or regulation governing the practice of ANY profession? If yes, please explain on separate sheet.	☐ Yes ☐ No
Have you or do you 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

THIRD PARTY AUTHORIZATION	
Was this application completed by anyone other than the applicant listed	☐ Yes ☐ No
If YES, include the Third Party Authorization form with this application located on the website, labmt.org	

Verifying Affidavit

Verifying Affidavit must be dated within 30 days of the date the application is received by the LBMT Office

The undersigned applicant does hereby confirm to be the person named on this application, is a citizen or legal resident of the United States, has the ability to read, write, speak and understand English fluently, and has read and understands the laws rules and standards of the Louisiana Board of Massage Therapy (as posted on the board website). If the application was not completed by the listed applicant, a third party authorization form is enclosed. Applicant further does hereby promise and confirm that if granted a license to practice as a Massage Therapist in the State of Louisiana, applicant will obey the laws of this State and maintain the honor and dignity of the profession.

Applicant confirms that all of the statements and representations contained in the application form are true and correct and understands that if any such statement and/or representations are found to be false it shall be a basis to have the license denied, suspended or revoked by the Louisiana Board of Massage Therapy at any time. Applicant further acknowledges that responsibility to keep applicant's licensure current and stay informed of any changes in the law, rules and regulations and policy relative to the practice of Massage Therapy in the state of Louisiana.

_____ _____

Signature of Applicant Date

_____

Printed Name of Applicant