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

Application for Licensure: ESTABLISHMENT

$75.00 Application Fee: Non-Refundable
Cashiers Check or Money Order Only

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.

2. **Payment**
   a. $75.00 Cashiers check or money order only, made out to LA Board of Massage Therapy.
   b. Payment is Non-Refundable and covers the processing of this application
   c. If approved, the applicant will be notified of eligibility to be licensed and required to submit an establishment license registration for licensure.

3. **Background Requirements**
   a. Certain types of criminal convictions may disqualify an individual for licensure in Louisiana.
   b. The criminal background history must cover a period of at least five years preceding the date of the application.
   c. The background process is initiated by enrolling through **Identogo** using the unique service code for the Louisiana Board of Massage Therapy. Please see the instructions for both in-state and out-of-state applicants included with this application. If you have any questions please contact Identogo for assistance 844-539-5543

4. **Background Disclosure Information**
   a. The LBMT 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 convictions. The nature and seriousness of the offenses; the nature of the specific duties and responsibilities for which the license is requires; the amount of time that has passed since the convictions; the facts relevant to the circumstances of the offense(s), including any aggravating or mitigating circumstances or social conditions surrounding the commission of the offence(s); and evidence of rehabilitation or treatment undertaken by the person since the conviction.

5. **Type of Ownership**
   a. Indicate type of ownership such as Sole Proprietor, Corporation, Partner

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

7. **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. No generic signage such as "Massage" allowed.

8. **Establishment Advertising Information**
   a. Information that will be used on all advertising material and matches exactly what is registered with the Board

9. **Owner and Other Information**
   a. Information provided to contact the business owner

10. **Identification:**
    a. Provide copies of a government issued ID for all owners, partners etc.

11. **Right to possess the premises where the establishment will be located.**
    a. Provide documentation such as a lease, property ownership or letter of intent from the landlord

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

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

14. **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

15. **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.
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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 LICENSE APPLICATION - NEW

ESTABLISHMENT INFORMATION			
Establishment Legal Name			
DBA – Advertising Name			
Owner First Name		Owner Last Name	
Owner DOB		Owner Social Security #	
Establishment Phone #		Owner Phone #	
Owner Email Address			
Proposed Opening Date			

ESTABLISHMENT INFORMATION					
Street Line 1					
Street Line 2					
City		State		Zip	
Prior Massage Business At This Location	☐ YES ☐ NO				
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	
OWNER MAILING ADDRESS ☐ **USE HOME ADDRESS**					
Street Line 1					
Street Line 2					
City		State		Zip	

PRIOR OWNERSHIP INFORMATION	
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 ☐

BUSINESS TYPE **If Partnership include Name(s), address, phone number and email of all business partners on separate sheet.**					
Sole Proprietor	YES ☐	Partnership	YES ☐	Corporation	YES ☐
Federal Tax Identification Number or Social Security Number (Please provide Tax ID documentation if registered)					

BACKGROUND INFORMATION **The background check process should be initiated prior to or at the same time the application is completed.**	
Date Background Check was requested to be sent to the LBMT Office	
DISCLOSURE INFORMATION	
Does the owner or legal agent of this business hold a current massage license in Louisiana or any other state?	Yes ☐ No ☐
If YES, provide the Louisiana License Number **If out of state** – please list state(s) and license number on separate sheet	
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 statue, 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 ☐

DOCUMENTS SUBMITTED WITH THIS APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION AND ALL DOCUMENTS FOR YOUR RECORD.

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

State of _____ Parish / County _____

Sworn to and subscribed before me this _____ day of _____ in the year of 20_____.

_____

Notary Public

Printed Name: _____

ID or Bar Roll# _____

My Commission Expires _____

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

IdentoGO

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**.**