

State of Louisiana

Date: _____



Do Not Use this Space. For Official
Use Only. License # _____
Issued: _____

Board of Massage Therapy
12022 Plank Road, Baton Rouge, LA 70811
APPLICATION FOR ESTABLISHMENT LICENSE
FEE \$100.00

Please print or type. All Items must be completed on this form and it must be signed and notarized.
(Use additional sheet if needed.)

1. Name of Establishment: _____

Phone: (Business) () _____ FAX: () _____

Business Address (street address - post office box not accepted) _____

City	State	ZIP
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2. Describe your nearest cross-street locations: _____

3. Name of Owner or Legal Agent: _____

4. Social Security Number: _____

5. Home Address: _____

6. _____

City	State	ZIP
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6. Home Phone: () _____ FAX: () _____

7. OWNER OR LEGAL AGENT OF THE MESSAGE ESTABLISHMENT:

I hereby certify that I am a licensed Massage Therapist with the State of Louisiana and my current license number is LA _____. Expires: _____

8. IF INCORPORATED OR PARTNERSHIP: I hereby certify that I am the officer or legal agent named in the incorporation/partnership/fictitious name papers authorized to sign these documents.

Signature of Owner or Legal Agent

Date

Printed Name

9. Please list additional owners of establishment (include all stockholders)_____.

10. List of Provisionals to be sponsored (if applicable): _____.

11. LIST LICENSED MASSAGE THERAPISTS TO BE EMPLOYED (use additional sheet, if needed):

Name of Therapist	LA License Number Expires	Hours per week

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12. Has the owner, partner, officer, director, stockholder, or employee 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? () YES (explain) () NO

13. Has the owner of the proposed establishment ever held a massage license in Louisiana that has been revoked, suspended, fined, placed on probation, or otherwise acted against or encumbered in any manner? () YES (please explain) () NO. _____

14. Has the owner of the proposed establishment ever held a massage license in Louisiana? () YES Type: _____ # _____ Expiration: _____ () NO. If yes, please provide copies of licenses held and/or a list with all information concerning the establishment, including name, address, license number, status, closing date, etc.

15. Date Establishment will open for business: _____

I, _____, do hereby certify that I am the person referred to on the application as the owner (or legal agent, if business is incorporated), and that the statements contained herein are true and correct to the best of my knowledge. I understand that it is my responsibility to operate this establishment in a safe and sanitary manner and to maintain insurance coverage as required by the Board's rules. I further certify that I have read the Statute and the Professional and Occupational Standards on massage therapy in Louisiana.

Signature of Owner	Date	Name of Establishment

State of _____, Parish or County of _____

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

SEAL

_____ My Commission Expires: _____

Signature of Notary