



LOUISIANA STATE  
BOARD OF MASSAGE THERAPY  
12022 Plank Road Baton Rouge, LA 70811

**2010**  
**Establishment License Renewal Form**  
(Make check payable to LSBMT)

RENEWAL FEE: \$100.00    LATE FEE: \$100.00 (postmarked after December 31, 2009)

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Name of Establishment Establishment Number

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Street Address of Establishment (Street Address, City, State and Zip)

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Home Address (Street Address, City State and Zip)

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Business Phone Number Home Phone Number

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Owner of Establishment

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Owner Signature and Date

PLEASE HAVE ALL MASSAGE THERAPISTS TO BE EMPLOYED  
PRINT AND SIGN THEIR NAME BELOW

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

-THIS FORM MUST HAVE ORIGINAL SIGNATURES FROM LICENSEE AND OWNER-

**EACH THERAPIST RECEIVES AN ORIGINAL, STATE SEALED LICENSE FOR EACH LOCATION THEY WORK. BE SURE EACH THERAPIST HAS AN ORIGINAL PROFESSIONAL LICENSE THAT INCLUDES YOUR ESTABLISHMENT'S PHYSICAL ADDRESS TO DISPLAY PUBLICLY.**