



APPLICATION FOR MESSAGE BUSINESS LICENSE

SECTION I – GENERAL INFORMATION

- Please read this form before completing. This form must be typed or printed legibly in black ink.
- **A massage therapy business cannot offer massage therapy until the business license is issued.**
- Provide complete information. An incomplete application may delay issuance of the license.
- Enclose a \$50 application fee made payable to the Missouri Board of Therapeutic Massage if this is an application for a license or the business is changing ownership/management. If the business is **changing location only** a \$25 fee is required.
- Payment must be made in the form of a check or money order.
- Please check one of the following below indicating what type of application is being submitted.

<input type="checkbox"/> New Business <i>\$50 fee required</i>	<input type="checkbox"/> Change in Ownership <i>\$50 fee required</i>	<input type="checkbox"/> Change in Location <i>\$25 fee required</i>	<input type="checkbox"/> Reinstate Expired License <i>\$125 fee required</i>
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SECTION II – BUSINESS INFORMATION

2. NAME OF ESTABLISHMENT

3. d/b/a

4. Business type
 A. Spa B. Salon C. Home Based D. Other _____

5. **A Massage Therapy Business must carry general liability insurance for that business.** This policy is not the same as professional liability insurance required for a massage therapist. **Please see below and check the appropriate box.**
 A. Space is leased and liability insurance is maintained by the business/ building owner.
 B. Liability insurance company is _____ Policy Number _____
 C. I do not have general liability insurance for the business

6. ADDRESS (STREET, CITY, STATE, ZIP)	6a. COUNTY
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7. MAILING ADDRESS, IF DIFFERENT FROM ABOVE (STREET, CITY, STATE, ZIP)

8. MESSAGE THERAPY BUSINESS OWNER NAME

9. TELEPHONE NUMBER ()	10. FAX NUMBER
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11. E-MAIL ADDRESS	
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12. SOCIAL SECURITY NUMBER (BUSINESS OWNER) (REQUIRED)	13. MISSOURI STATE TAX IDENTIFICATION NUMBER
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SECTION III - COMPLETE IF A CORPORATION or LLC

14. CORPORATE NAME	15. REGISTERED AGENT
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16. WHAT IS THE STATE OF INCORPORATION?	17. CORPORATE REGISTRATION NUMBER, IF ANY
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18. ADDRESS OF CORPORATE OFFICE (STREET, CITY, STATE, ZIP)

SECTION IV - IMPORTANT: A written, detailed explanation is required if the response is "Yes" to questions (19, 20, 21, & 22). The explanation must be on a separate sheet of paper and signed by the applicant before a notary public and notarized.

	YES	NO
19. HAVE YOU EVER BEEN ARRESTED, CHARGED, SUBJECT TO PROSECUTION, INDICTED, FOUND GUILTY, OR ENTERED A PLEA OF GUILTY OR NOLO CONTENDERE, IN A CRIMINAL PROSECUTION UNDER THE LAWS OF ANY STATE OR OF THE UNITED STATES WHETHER OR NOT SENTENCE WAS IMPOSED? APPLICANTS MUST ANSWER "YES" EVEN IF A SUSPENDED IMPOSITION OF SENTENCE OR SUSPENDED EXECUTION OF SENTENCE WAS RECEIVED/ORDERED. A. IF "YES", ARE YOU CURRENTLY ON PROBATION?	<input type="checkbox"/>	<input type="checkbox"/>
20. HAS ANY OWNER OF THIS ESTABLISHMENT EVER HAD HIS/HER MASSAGE THERAPY LICENSE DISCIPLINED FOR ANY CAUSE?	<input type="checkbox"/>	<input type="checkbox"/>
21. HAS ANY OWNER OF THIS ESTABLISHMENT EVER BEEN AN OWNER OF A MASSAGE BUSINESS WHICH HAS HAD ITS LICENSED DISCIPLINED? IF YES, EXPLAIN FULLY ON A SEPARATE SHEET OF PAPER.	<input type="checkbox"/>	<input type="checkbox"/>
22. HAS ANY OWNER OF THIS ESTABLISHMENT EVER BEEN THE SUBJECT OF DISCIPLINE BEFORE ANY STATE BOARD? IF YES, EXPLAIN FULLY ON A SEPARATE SHEET OF PAPER.	<input type="checkbox"/>	<input type="checkbox"/>
23. FORMER NAME OF ESTABLISHMENT (IF APPLICABLE)	LICENSE NO.	
24. NAME(S) OF FORMER OWNERS (IF APPLICABLE)		

NOTE: If the individual in charge of the establishment changes for a period of more than thirty days, the new individual(s) in charge and the former individual in charge must jointly or individually notify the Board of the change. Failure to notify the Board will be considered a violation on the part of each massage business. If a business changes ownership, a new license number will be issued. If a business changes location, the same license number will be issued.

SECTION V - AFFIDAVIT OF APPLICANT

25. I, _____, being first duly sworn upon my oath, state as follows:

That I have personally completed the foregoing application truthfully and completely, without omission;

That all the information and answers contained in the foregoing application and any attachments thereto are true and correct to my best knowledge and belief; and

That I realize that I made this affidavit knowingly, and that any false statement or material omission herein subjects me to criminal penalties for making a false affidavit under section 575.050, RSMo.

SECTION VI - MUST BE SIGNED IN THE PRESENCE OF NOTARY

APPLICANT SIGNATURE	TITLE	DATE
COUNTY (OR CITY OF ST. LOUIS)	STATE OF MISSOURI	
USE A RUBBER STAMP IN CLEAR AREA BELOW.	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF YEAR	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
NOTARY PUBLIC EMBOSSED SEAL (if available)		

NOTE REGARDING CRIMINAL BACKGROUND CHECK & LICENSURE REQUIREMENT

Section 324.267 RSMo requires, "Any applicant for a license to operate a massage business or a license to practice massage therapy shall authorize the board to conduct a criminal background check. " If an applicant had a background check performed for licensure as a student, provisional or massage therapist, a new background check for the massage therapy business license is required.

Section 324.262.(5) RSMo provides that the license of a massage therapist may be subject to discipline for, "...providing massage therapy under subdivision (7) o section 324.240 at a massage business as defined in subdivision (5) of section 324.240 that is not licensed under this chapter." Furthermore 20 CSR 2197-5.020(2) states a massage therapy may not practice massage therapy at a site, location, or place that is not licensed as a massager therapy business.