

UNDERSTANDING THE APPLICATION PROCESS

Provided below is a checklist for your personal use and convenience containing all the things you must do to change the Tennessee massage establishment license name/address. **NOTE: All submissions must be executed and dated less than one (1) year before receipt of they will be rejected by the Board.**

1. Complete, sign and have notarized the application pages 1 through 3. (Only page 3 of the application must be notarized.)
2. Each owner and responsible person as listed on page two of the application, must complete the "Ownership or Proceeds Disclosure" form (Attachment 1). If applying by Corporation, the legally authorized representative must complete this form.
3. Enclose a check or money order in the amount of \$25.00 made payable to the State of Tennessee.
4. All application and state regulatory fees are non-refundable.
5. All documents and fees required to be submitted by you or which must be requested from the appropriate institutions in this application process, must be mailed directly to:

Massage Licensure Board
HEALTH RELATED BOARDS
665 Mainstream Drive
Nashville, TN 37243

For Federal Express or Special
Courier:
Massage Licensure Board
HEALTH RELATED BOARDS
665 Mainstream Drive
Nashville, TN 37228

6. Allow fourteen (14) working days for information mailed to our office to be received and placed in your file. Federal Express or special courier services will not appreciably reduce the processing time. Additionally, if Federal Express or special courier services are used you will be responsible for charges incurred. The Board asks that you please give the Board office every consideration in this matter.
7. If necessary documentation has not been received when your application has been received by the Board office, an initial deficiency letter will be mailed to the establishment address.
8. Absent any complicating factors, the average application processing time is three weeks. Once the application is completed, your file will be reviewed and an initial determination made. You will be notified by letter of the initial determination.
9. You must enter your social security number. State law requires social security numbers on this application. T.C.A. § 36-5-1301(a), as authorized by 42 U.S.C. § 405(c)(2)(C)(i). The number will be used to verify your identity and for any other purpose allowed by state or federal law.

Thank you for your cooperation. We will make every effort to expedite your application in an efficient manner.



For Office Use Only
Fee Codes 81-001 - \$ 25.00

STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE
NASHVILLE, TENNESSEE 37243

TENNESSEE MESSAGE LICENSURE BOARD
(615) 253-2111 or 1-800-778-4123 ext. 2532111

**MESSAGE ESTABLISHMENT LICENSURE
NAME CHANGE APPLICATION**

Please read all instructions carefully and complete all portions applicable to you. **If not applicable, put N/A.**
Enclose a check in the amount of Twenty-Five Dollars (\$25.00) made payable to the State of Tennessee.

Circle one: Sole Proprietorship Partnership Corporation/LLC

Name of Establishment: _____ Lic No.: _____

Previous Address of Establishment: _____

New Address of Establishment: _____

Establishment Phone No.: (____) _____ Establishment website: _____

Applicant/Responsible Person's Name: _____
Address: _____

Is Applicant/Responsible Person a Licensed Massage Therapist? _____ Yes _____ No

Applicant/Responsible Person's Phone No.: Home: (____) _____
 Office: (____) _____
 E-mail: (____) _____

Applicant/Responsible Person's Social Security No: _____

Applicant/Responsible Person's Date of Birth: _____

Is Applicant/Responsible Person a U.S. citizen? _____ Yes _____ No

Is Applicant/Responsible Person entitled to live and work in the U.S. _____ Yes _____ No

Is English your first language? _____ If not, please list your first language: _____

Is someone other than the Applicant/Responsible person completing this application? _____ If so,
please provide name, address, and contact number _____

Section 1

List All Establishment Owners/Shareholders (including yourself, if applicable, attach list if necessary) Each person or entity listed herein must complete and submit Attachment 1-OWNERSHIP OR PROCEEDS DISCLOSURE FORM

Name:			Phone Number: ()	
Address:	Street/P.O. Box/RR #	City	State	Zip Code
Name:			Phone Number: ()	
Address:	Street/P.O. Box/RR #	City	State	Zip Code
Name:			Phone Number: ()	
Address:	Street/P.O. Box/RR #	City	State	Zip Code
Name:			Phone Number: ()	
Address:	Street/P.O. Box/RR #	City	State	Zip Code
Name:			Phone Number: ()	
Address:	Street/P.O. Box/RR #	City	State	Zip Code

Section 2

If applicable, list All Massage Therapist Practicing in the Establishment (including yourself) and submit copies of the therapist current license(s).

Name:		Lic. #			
Address:	Street/P.O. Box/RR #	City	State	Zip Code	
Name:		Lic. #			
Address:	Street/P.O. Box/RR #	City	State	Zip Code	
Name:		Lic. #			
Address:	Street/P.O. Box/RR #	City	State	Zip Code	
Name:		Lic. #			
Address:	Street/P.O. Box/RR #	City	State	Zip Code	
Name:		Lic. #			
Address:	Street/P.O. Box/RR #	City	State	Zip Code	
Name:		Lic. #			
Address:	Street/P.O. Box/RR #	City	State	Zip Code	
Name:		Lic. #			
Address:	Street/P.O. Box/RR #	City	State	Zip Code	

Are any owners of the massage establishment **not** licensed as a health professional in Tennessee? ____ Yes ____ No
 Please list days and office hours of the facility: _____

APPLICANT: FILL OUT THE FOLLOWING AFFIDAVIT IN THE PRESENCE OF A NOTARY PUBLIC

AFFIDAVIT AND RELEASE

I, _____ of _____
(Applicant's Name) (City) (State)

being duly sworn and identified as the person referred to in this application, attest to the truth of each statement made in said application. I further swear that I have read and understand the law and the rules and regulations which were enclosed in the application packet and agree to abide by them in the operation of the massage establishment for which I am seeking licensure.

I HEREBY:

SIGNIFY my willingness to appear to answer such questions as the Board may find necessary which may include an interview.

AFFIRM that I am accountable to the Tennessee Massage Licensure Board for this establishment's compliance with all state statutes and regulations governing the practice of massage therapy.

AFFIRM that I will notify the Tennessee Massage Licensure Board within thirty (30) days of any change relating to names, addresses and telephone numbers of all persons who have any ownership interest in or who receive any disbursement of income, other than employment salary.

AFFIRM that anytime there is a change in massage therapists performing massage therapy at the establishment, I shall submit copies of the massage therapists' license to the Tennessee Massage Licensure Board within thirty (30) days of such change.

AUTHORIZE the Board, its staff and their representatives to consult with my prior and current associates and others who may have information bearing on my professional competence, character, health status, ethical qualifications, ability to work cooperatively with others and any other qualifications.

RELEASE from liability the Board, its staff and all their representatives, any and all organizations which provide information for their acts performed and statements made in good faith and without malice concerning my competence, ethics, character and other qualifications for licensure.

ACKNOWLEDGE that I, as an applicant for licensure, have the burden of producing adequate information for a proper evaluation of my professional, ethical and other qualifications and for resolving any doubts about such qualifications.

AUTHORIZE, release, use and disclosure of otherwise HIPAA protected health information to the limited extent necessary for my application to receive full consideration up to and including discussion in a public forum should that become necessary.

THIS CERTIFIES THAT THE INFORMATION SUBMITTED BY ME IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE **DATE**

Sworn to before me this _____ day of _____, 20 _____.

NOTARY PUBLIC

Affix Seal Here

My Commission expires _____

Massage Establishment Licensure Application
Attachment 1



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
BUREAU OF HEALTH LICENSURE AND REGULATION
DIVISION OF HEALTH RELATED BOARDS
TENNESSEE MASSAGE LICENSURE BOARD
665 MAINSTREAM DRIVE
NASHVILLE, TN 37243
(615) 253-2111 or 1-800-778-4123 ext. 2532111

OWNERSHIP OR PROCEEDS DISCLOSURES

I, the undersigned, have been identified as either the applicant, its legal representative or as a person holding an ownership interest in the massage establishment identified below. I am aware of the legal requirements of a lawfully operated massage establishment.

Name of massage establishment: _____

Address: _____

Your Name: _____

Mailing Address: _____

Home Phone: () _____ - _____

Office Phone: () _____ - _____

If licensed as a massage therapist provide license number: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS. If you answer **“yes”** to questions (a-e) in this part, **you must supplement your affirmative response with a thorough explanation on a separate page. In support of your explanation, the final document or orders from the issuing states, courts, and/or agencies must be submitted along with this application.** Additional information may be requested and/or required before a licensure decision may be made.

- (a) Have you ever been convicted (including a nolo contendere plea or guilty plea) of a **felony or misdemeanor** whether or not sentence was imposed or suspended? Yes ____ No ____
- (b) Have you ever applied for or held a license, registration, privilege or certificate in any profession that has ever been denied, reprimanded, suspended, restricted, revoked, otherwise **disciplined**, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action in any jurisdiction including in Tennessee? Yes ____ No ____
- (c) Have you had any civil lawsuit judgment or civil lawsuit settlement entered against you in which you were a party defendant including, without limitation, actions involving malpractice, breach of contract, antitrust activity or any other civil action remedy recognized under the country's or state's statutory common or case law? Yes ____ No ____
- (d) Have you **previously applied** for a massage therapist license in Tennessee? Yes ____ No ____
- (e) Have you **previously applied** for a massage establishment license in Tennessee? Yes ____ No ____

(f) Do you as the applicant have the ability to read, write, speak and understand English fluently? Yes _____ No _____

(g) Have you as the applicant read and do you understand the rules and regulations of the Tennessee Massage Licensure Board? Yes _____ No _____

(h) Do you currently own or have you ever owned a massage establishment? Yes _____ No _____

If yes, please list all current and former massage establishments you have owned and include the complete address, phone number, and massage establishment license number (if applicable) for each. _____

Please return the completed form to: **Tennessee Massage Licensure Board**
665 Mainstream Drive
Nashville, TN 37243

I certify that all of the foregoing is true and correct to the best of my knowledge, information and belief.

SIGNATURE

DATE