

Massage Establishment Change of Name/Location - Checklist:

- I have included the appropriate fee:
 - Name change: \$25.00
 - Location change: \$125.00
 - Name and location change: \$125.00

- I have submitted **proof of insurance** to the Board office.
 - Proof of insurance must list the exact business name, address, and owner(s) of the establishment, as listed on the application.
 - If the ownership type for your establishment is *individual*, and you are a licensed massage therapist, you may use insurance from a professional association to satisfy this requirement.

- I have reviewed the **massage establishment pre-inspection checklist** (found on page 8 of my application), and the establishment is ready for inspection by the Department of Health.

NOTE: *Massage Establishment licensure is non-transferrable from one owner to another. If Board staff determines that ownership has changed (as determined by Section 3 – Ownership Information, and/or Section 1 – Business Information), you will need to reapply for massage establishment licensure.*

For applicants who hold, or who have held other *health-related* licenses which have been disciplined:

- Section 5 of my application is complete and accurate.
- I have submitted a self-explanation of my disciplinary history.
- For each disciplinary action taken, I have submitted copies of the Administrative Complaint and Final Order.

For applicants with Criminal History:





- Sections 6 and 7 of my application are complete and accurate.
- I have submitted a self-explanation of my criminal history.
- For each conviction, I have submitted arrest records, final disposition, and documents showing successful completion of sentencing.

Before you submit...

- **Include** the application fee with your application.
Applications submitted without fees will not be processed.
- **Verify** your email address on page 1 of the application. If you answered “YES” to “I want to be notified by email,” the Board office will communicate via email first.
- **Check** your application to be sure it is complete; answer all questions on the application truthfully and to the best of your ability.

After you submit...

You may check your application status, make changes to your application, and direct inquiries to the Board office:

-  (850) 245-4161
-  www.floridasmassagetherapy.gov, www.flhealthsource.gov
-  MQA.MassageTherapy@flhealth.gov
-  Florida Board of Massage Therapy
4052 Bald Cypress Way, Bin C-06
Tallahassee, FL 32399-3256