

Licensed Massage Establishment (New or Change of Ownership) – Checklist:

- I have included the **\$255.00 application fee**.
Applications submitted without fees will not be processed.
- 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.
- Each owner/officer listed has been fingerprinted by an approved Livescan provider** (except corporations with more than \$250,000 in taxable assets – see below).
(Please visit www.flhealthsource.gov/background-screening for more information)
- I have completed 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.

My establishment is a corporation and my taxable assets are less than \$250,000.

What else do I need?

- I have submitted my **Articles of Incorporation**.
- I have checked Section 1 – BUSINESS INFORMATION for accuracy;
The d/b/a and Corporate Name lines match what is listed in the submitted Articles of Incorporation.
- I have checked Section 3 – OWNERSHIP INFORMATION for accuracy. I understand that all parties having an ownership interest are **required** to submit their fingerprints electronically.

My establishment is a corporation and my taxable assets are \$250,000 or more.

What else do I need?

- I have submitted my **Articles of Incorporation**.
- I have submitted *either* a **formal opinion letter** from a Florida licensed Certified Public Accountant affirming the corporation had more than \$250,000 in assets during the previous tax year, OR, a copy of my **Florida Corporate Income/Franchise Tax Return (Form F-1120)**.
- I have checked Section 1 – BUSINESS INFORMATION for accuracy;
The d/b/a and Corporate Name lines match what is listed in the submitted Articles of Incorporation.
- I have checked Section 3 – OWNERSHIP INFORMATION for accuracy. I understand that the owner, officer, or individual directly involved in the management of the establishment is **required** to submit their fingerprints electronically.

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.