

Massage Establishment Ownership Information Form

A. Establishment Information:

File # (applicants only): _____ License #: MM _____

Establishment Name: _____

D.B.A: _____

Address: _____

B. Type of Ownership:

Individual Corporation Partnership Other

If you selected **Corporation**, you must attach a copy of the Articles of Incorporation on file with the Florida Secretary of State's Office.

C. Does the corporation have more than \$250,000 of business assets in this state?

Yes No

If "Yes", submit a formal opinion letter from a Florida licensed Certified Public Accountant (CPA) affirming the corporation had more than \$250,000 of business assets during the previous tax year; or in lieu of a formal opinion letter from a CPA you can submit a copy of your Florida Corporate Income/Franchise Tax Return (Form F-1120) from the previous tax year.

D. List the owner(s) of the establishment and all officers of the corporation as applicable.

Each person listed below having an ownership interest in the establishment including officers and members of the board of directors must submit to the background screening requirements under s. 456.0135, F.S., unless you answered "Yes" to C, pursuant to 480.043, F.S.

If C is "Yes", please list the owners below and only submit fingerprints for the owner, officer, or individual directly involved in the management of the establishment. If C is "Yes" and the prints are on file with DOH and available to the Board of Massage Therapy the requirement to submit the prints for this person is met. Attach additional sheets if necessary.

Owner/ Officer Name - Title	Date of Birth	Mailing Address	SSN