

**DESIGNATED MESSAGE ESTABLISHMENT MANAGER**

*The Designated Massage Establishment Manager is a massage therapist who holds a clear and active license without restrictions, who will be responsible for the operation of your establishment in accordance with 480, F.S.*

**Name of Designated Massage Establishment Manager:** \_\_\_\_\_

**License Number: MA** \_\_\_\_\_

*The named designated establishment manager will be notified prior to the issuance of your license.*

**Part B: Ownership Entity – Complete ONLY the section in this part which applies to your ownership.**

**OWNERSHIP INFORMATION FOR INDIVIDUALS (SOLE PROPRIETOR)**

*If you are applying as an individual (sole proprietor), complete this section.*

I am an individual (sole proprietor). My name appears in response to the “Ownership Entity” question on this application.  **Yes**  **No**

I have carefully read the questions in the foregoing application and have answered them completely, without reservation of any kind, and declare that my answers and all statements made by me herein and in support of this application are true and correct. Should I furnish any false information on or in support of this application, I understand that such action shall constitute cause for denial, suspension or revocation of any license to practice in the state of Florida. I acknowledge that operation of a massage establishment in Florida is governed by Chapters 456 and 480, F.S., and Rule Title 64B7, F.A.C. I understand that I am under a continuing obligation to comply with 456 and 480, F.S., and Rule Title 64B7, F.A.C.

I understand that it is my duty and responsibility to supplement my application after it has been submitted if and when any material changes in circumstances or conditions occur which might affect the Department’s decision concerning eligibility for licensure, as required by Section 456.013(1), F.S.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Complete PART C of this application as the individual (sole proprietor) who owns this establishment.*

**Continue with PART C of this application.**

**OWNERSHIP INFORMATION FOR PARTNERSHIPS (GP, LP, LLP, RLLP)**

*If you are applying as a general or limited liability partnership, complete this section.*

I am a general partner of the GP, LP, LLP, or RLLP, or have been authorized by the partnership applying for this license to complete the application. The name of the partnership appears in response to the “Ownership Entity” question on this application.  **Yes**  **No**

**FEI/EIN Number (if applicable):** \_\_\_\_\_

**Name of Filing Partner/Authorized Person:** \_\_\_\_\_

I have carefully read the questions in the foregoing application and have answered them completely, without reservation of any kind, and declare that my answers and all statements made by me herein and in support of this application are true and correct. Should I furnish any false information on or in support of this application, I understand that such action shall constitute cause for denial, suspension or revocation of any license to practice in the state of Florida. I acknowledge that operation of a massage establishment in Florida is governed by Chapters 456 and 480, F.S., and Rule Title 64B7, F.A.C. I understand that I am under a continuing obligation to comply with 456 and 480, F.S., and Rule Title 64B7, F.A.C.

I understand that it is my duty and responsibility to supplement this application after it has been submitted if and when any material changes in circumstances or conditions occur which might affect the Department’s decision concerning eligibility for licensure, as required by Section 456.013(1), F.S.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Submit a copy of your Partnership Registration as filed with the Division of Corporations.**

*The members of your partnership will be confirmed with the Division of Corporations.*

*Complete PART C of this application for each partner.*

**Continue with PART C of this application.**

**OWNERSHIP INFORMATION FOR LIMITED LIABILITY COMPANIES (LLC)**

*If you are applying as a limited liability company, complete this section.*

I am a member of the limited liability company applying for this license *or* have been authorized by the limited liability company applying for this license to complete this application. The name of the partnership appears in response to the "Ownership Entity" question on this application.  **Yes**  **No**

**FEI/EIN Number (if applicable):** \_\_\_\_\_

**Name of Filing Member/Authorized Person:** \_\_\_\_\_

I have carefully read the questions in the foregoing application and have answered them completely, without reservation of any kind, and declare that my answers and all statements made by me herein and in support of this application are true and correct. Should I furnish any false information on or in support of this application, I understand that such action shall constitute cause for denial, suspension or revocation of any license to practice in the state of Florida. I acknowledge that operation of a massage establishment in Florida is governed by Chapters 456 and 480, F.S., and Rule Title 64B7, F.A.C. I understand that I am under a continuing obligation to comply with 456 and 480, F.S., and Rule Title 64B7, F.A.C.

I understand that it is my duty and responsibility to supplement this application after it has been submitted if and when any material changes in circumstances or conditions occur which might affect the Department's decision concerning eligibility for licensure, as required by Section 456.013(1), F.S.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Submit a copy of your Articles of Organization or most recent Annual Report as filed with the Division of Corporations.**

*The members of your limited liability company will be confirmed with the Division of Corporations.*

*Complete PART C of this application for each member of your limited liability company.*

**Continue with PART C of this application.**

**OWNERSHIP INFORMATION FOR CORPORATIONS (INC)**

*If you are applying as a corporation, complete this section.*

I am an owner/officer or authorized corporate representative of the corporation *or* have been authorized by the corporation to complete this application. The name of the corporation appears in response to the "Ownership Entity" question on this application.  **Yes**  **No**

**FEI/EIN Number:** \_\_\_\_\_

This corporation has more than \$250,000 in taxable business assets in the state of Florida.  **Yes**  **No**

If you answered "Yes" above, list the names of each interested party which is directly involved in the management of the establishment:

_____	_____
_____	_____
_____	_____
_____	_____

**If you answered "Yes" to the taxable assets question above, submit documentation demonstrating \$250,000 in taxable business assets in the state of Florida. This documentation may either be a letter from a Certified Public Accountant, or Form F-1120 (Florida Corporate Income/Franchise Tax Return) as filed with the Department of Revenue for the most recent tax year.**

**OWNERSHIP INFORMATION FOR CORPORATIONS (INC) - Continued**

**Name of Filing Owner/Officer/ACR:** \_\_\_\_\_

**Role of Filing Person:**

- Corporate Owner/Officer
- Authorized Corporate Representative (ACR)
- Other Interested Party (specify): \_\_\_\_\_

I have carefully read the questions in the foregoing application and have answered them completely, without reservation of any kind, and declare that my answers and all statements made by me herein and in support of this application are true and correct. Should I furnish any false information on or in support of this application, I understand that such action shall constitute cause for denial, suspension or revocation of any license to practice in the state of Florida. I acknowledge that operation of a massage establishment in Florida is governed by Chapters 456 and 480, F.S., and Rule Title 64B7, F.A.C. I understand that I am under a continuing obligation to comply with 456 and 480, F.S., and Rule Title 64B7, F.A.C.

I understand that it is my duty and responsibility to supplement this application after it has been submitted if and when any material changes in circumstances or conditions occur which might affect the Department's decision concerning eligibility for licensure, as required by Section 456.013(1), F.S.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Submit a copy of your Articles of Incorporation or most recent Annual Report as filed with the Division of Corporations.**

*The owners/officers will be confirmed with the Division of Corporations.*

**Complete PART C of this application for each owner/officer of your corporation.**

**If you indicated "Yes" to the taxable assets question, complete PART C of this application the named interested parties as well as each owner/officer of your corporation.**

**Continue with PART C of this application.**

**OWNERSHIP INFORMATION FOR OTHER ENTITIES**

*If your ownership does not match any of the types identified in the other sections in this part, complete this section.*

I am an interested party to the establishment identified on this application who has been authorized to complete this application. The name of the entity appears in response to the "Ownership Entity" question on this application.

- Yes       No

**Type of ownership:** \_\_\_\_\_

*Specify the type of entity submitting this application (i.e. municipal charter, association type).*

list the names of each interested party which is directly involved in the management of the establishment:

\_\_\_\_\_

\_\_\_\_\_

I have carefully read the questions in the foregoing application and have answered them completely, without reservation of any kind, and declare that my answers and all statements made by me herein and in support of this application are true and correct. Should I furnish any false information on or in support of this application, I understand that such action shall constitute cause for denial, suspension or revocation of any license to practice in the state of Florida. I acknowledge that operation of a massage establishment in Florida is governed by Chapters 456 and 480, F.S., and Rule Title 64B7, F.A.C. I understand that I am under a continuing obligation to comply with 456 and 480, F.S., and Rule Title 64B7, F.A.C.

I understand that it is my duty and responsibility to supplement this application after it has been submitted if and when any material changes in circumstances or conditions occur which might affect the Department's decision concerning eligibility for licensure, as required by Section 456.013(1), F.S.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Complete PART C of this application for each named interested party listed above.**

**Continue with PART C of this application.**