



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

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

**APPLICATION INSTRUCTIONS FOR A MASSAGE ESTABLISHMENT  
LICENSURE APPLICATION CHECK SHEET**

Provided below is a checklist for your personal use and convenience containing all the things you must do to receive consideration for issuance of a Tennessee massage establishment license. **NOTE: All submissions must be executed and dated less than one (1) year before receipt or 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. Enclose a check or money order in the amount of \$225.00 made payable to the State of Tennessee.	_____
3. Applicants applying by sole proprietorship or partnership shall submit two (2) recent (within the preceding 12 months) original letters attesting to the applicant's good moral character and professional ethics. These letters are in addition to any letters previously submitted for a massage therapist license and must be <u>signed</u> and <u>dated</u> .	_____
4. Applicants applying by sole proprietorship or partnership shall enclose a copy of the applicant's birth certificate or passport.	_____
5. Applicants applying by Corporation/LLC shall submit a copy of their Corporate Charter and a statement identifying the corporation's registered agent for service of process.	_____
6. Applicants who are not citizens of the United States or whose birth certificates reflect they were not born in the United States shall submit proof of their immigration status demonstrating their right to live and work in the United States.	_____
7. Applicants who are not Tennessee licensed massage therapists must show completion of at least two (2) hours of education in Tennessee law relating to massage therapy. For a list of providers go to the Massage Board's website or contact the Board Administrative office.	_____

8. Each owner, including yourself, as listed on page two of the application, must complete the “ <b>Ownership or Proceeds Disclosure</b> ” form (Attachment 1). If applying by Corporation, the legally authorized representative must complete this form. Once completed, the form(s) may be submitted with the application or mailed directly to the Board at the address listed on the form.	_____
9. A Criminal Background Check is required to be obtained through the vender contracted with the State. For instructions to obtain a Criminal Background Check <a href="#">click here</a> or go to the Board’s main page of it’s website.	_____

**UNDERSTANDING THE APPLICATION PROCESS**

**If an address or name change occurs at any time, you must notify the Board office, in writing, immediately. There is a \$135.00 fee for an address change and a \$25.00 fee for a name change.**

1. All application and state regulatory fees are non-refundable.
2. 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

3. 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.
4. If necessary documentation has not been received when your application has been received by the Board office, an initial deficiency letter will be sent to you.
5. **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.**

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 - \$ 95.00
	81-001 - \$ 120.00
	81-006 - \$ 10.00
	<u>Total</u> \$ 225.00

STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
HEALTH RELATED BOARDS  
665 Mainstream Drive  
Heritage Place Metro Center  
NASHVILLE, TENNESSEE 37243

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

**MESSAGE ESTABLISHMENT LICENSURE APPLICATION**

Type or Print in Ink

1. Read all instructions carefully and complete all portions applicable to you, if not applicable place a N/A.
2. Enclose a check for \$225.00 made payable to the State of Tennessee.

**Circle one:**    Sole Proprietorship    Partnership    Corporation/LLC

Name of Establishment: \_\_\_\_\_

Address of Establishment:

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Establishment Phone No.: ( \_\_\_\_\_ ) \_\_\_\_\_

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: \_\_\_\_\_

**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)

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	

**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 MESSAGE 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 (Type or Print): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home: ( ) \_\_\_\_\_ - \_\_\_\_\_  
Office: ( ) \_\_\_\_\_ - \_\_\_\_\_

If licensed as a massage therapist provide license number: \_\_\_\_\_

- (a) Have you been convicted of any criminal offense of any country, state or municipality except a minor traffic offense or convicted of prostitution or any sexual related offense? Yes \_\_\_\_\_ No \_\_\_\_\_  
**(If yes, submit a written explanation and copy of the judgment of conviction and any other court documents related thereto.)**
- (b) If you have applied for or held professional licensure/certification in any other state, has any such application been denied or has the license/certification been disciplined, lost, conditioned or restricted? Yes \_\_\_\_\_ No \_\_\_\_\_  
**(If yes, have copies of all documents related thereto submitted to the Board from the agency that took the action.)**
- (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 \_\_\_\_\_  
**(If yes, have copies of all documents related thereto submitted to the Board.)**

Please return to: 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.

\_\_\_\_\_  
(Your Signature)

\_\_\_\_\_  
(Date)

DB/G5012261/MTB