

**Alabama Board of Massage Therapy**

2777 Zelda Road  
Montgomery, AL 36106

334-642-9455  
334-263-6115 fax

[office@cttgpcpeq.com](mailto:office@cttgpcpeq.com)

**MESSAGE ESTABLISHMENT LICENSURE APPLICATION**  
**APPLICATION MUST BE TYPED OR PRINTED NEATLY**  
**ALL LINES OF APPLICATION MUST BE COMPLETED**

Each Establishment with a Separate Address regardless of owner is required to pay a license fee for each establishment

**\$100.00 Application Fee in the form of a Cashier's Check or Money Order per Application**

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Name of Establishment

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Location of Establishment

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Mailing Address of Establishment                      City                      State                      Zip

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Telephone Number                      Fax                      Number

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Name of Owner(s) or legal agent                      **SSN Required**

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Home Address                      City                      State                      Zip

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Home Telephone Number

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Establishment first date of operation

List the massage therapist(s) and their license number(s) that will be employed at the establishment: (If there are no therapist(s) employed by the establishment at this time it needs to be stated on the application, once the therapist(s) is hired the owner or legal agent will need to notified the board in writing with the therapist(s) information, and request that the therapist(s) be added to the license.)

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Has the owner(s) of the proposed establishment ever held a license for a massage establishment or been a massage therapist in the State of Alabama that has been revoked, suspended, placed on probation, fined, or otherwise acted against?

YES  NO

*(If you answered yes, please list dates jurisdiction, offense, disposition, and other relevant information on an attached sheet.)*

Has the owner(s) of the proposed establishment ever held a massage establishment license in Alabama?

YES  NO

*(If you answered yes, please list the name, location, license number, and current status of the establishment on an attached sheet.)*

**\*\*\*YOU MUST ATTACH A COPY OF YOUR CURRENT BUSINESS LIABILITY INSURANCE POLICY; OTHERWISE, YOUR APPLICATION WILL NOT BE REVIEWED BY THE BOARD.\*\*\***

Read the following:

Section 34-43-11, Code of Alabama, 1975

- (a) Establishments shall be licensed by the board. A sexually oriented business may not be licensed as an establishment and shall not operate as an establishment licensed pursuant to this chapter.
- (b) Establishments shall employ only licensed massage therapists to perform massage therapy.
- (c) The board shall provide by rule, for a fair and reasonable procedure to grant exemptions from the license requirement of this section when the applicant can show that the advertising of massage therapy services is incidental to the primary function of his or her business. No such exemption shall be granted to a sexually oriented business.
- (d) An establishment license issued pursuant to this chapter is not assignable or transferable.
- (e) Subsequent to an official complaint, the board may request a criminal background check of the establishment's licensees through the district attorney of the circuit in which the licensee is located.

I, (we), \_\_\_\_\_, do certify that I am/We are the person(s) referred to on the application as the owner(s) or legal agent, and that the statements contained herein are true and correct. I understand that it is my/our responsibility to operate this establishment according to the statutes regarding massage therapy and the Rules and Regulations of this Board. I have also read and understand the above requirements.

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Signatures of Owner(s) or Legal Agent

Subscribed and sworn to before me this \_\_\_\_\_ day of

\_\_\_\_\_, 20 \_\_\_\_\_.

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Notary Signature

Commission

Expiration

(SEAL)