



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

www.tdlr.texas.gov

MESSAGE ESTABLISHMENT LICENSE APPLICATION INSTRUCTIONS

Read the Massage Therapy Act (Texas Occupations Code, Title 3, Subtitle H, Chapter 455) and the Rules relating to massage therapy (16 Texas Administrative Code (TAC), Chapter 117) before completing the application.

No massage establishment can commence operation until the application for licensure of the establishment has been approved. In addition, an establishment may employ only licensed massage therapists to perform massage therapy. The current establishment license certificate along with the current license certificate(s) of all therapists must be displayed in a prominent location available for inspection

DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CHECK OR MONEY ORDER. DO NOT SEND CASH.

1. ESTABLISHMENT NAME – Full legal name of establishment.
2. DOING BUSINESS AS (DBA) NAME – Write the full DBA name for your business.
What is a “Doing Business As” Name? A fictitious name (or assumed name, trade name or DBA name) is a business name that is different from your personal name, the names of your partners or the officially registered name of your LLC or corporation.
It’s important to note that when you form a business, the legal name of the business defaults to the name of the person or entity that owns the business, unless you choose to rename it and register it as a DBA name.
For example, consider this scenario: John Smith sets up a painting business. Rather than operate under his own name, John instead chooses to name his business: “John Smith Painting”. This name is considered an assumed name and John will need to register it with the appropriate local government agency.
Do I need a DBA name? A DBA is needed in the following scenarios:
 - **Sole Proprietors or Partnerships** – If you wish to start a business under anything other than your real name, you’ll need to register a DBA so that you can do business as another name.
 - **Existing Corporations or LLCs** – If your business is already set up and you want to do business under a name other than your existing corporation or LLC name, you will need to register a DBA.
3. ESTABLISHMENT PHONE NUMBER – Write the telephone number, including the area code, of the business listed.
4. ESTABLISHMENT FAX NUMBER - Write a fax number, including the area code, where we can send you faxes.
5. EMAIL ADDRESS – Write your email address only if you agree to the following statement. By providing my email address I authorize the Texas Department of Licensing and Regulation (TDLR) to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law.
6. ESTABLISHMENT MAILING ADDRESS – Write your current mailing address. This is the address where we will send you mail. This address can be a post office box. You can add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
7. ESTABLISHMENT PHYSICAL ADDRESS - Write the physical address of your facility. A post office box cannot be used for this address. Once your license has been issued, you can only change the business’s physical address by applying for a new license.

8. **TYPE OF OWNERSHIP** - Check the box that indicates how your business is organized. You can find a description of the various types of business structures at www.sos.state.tx.us/corp/businessstructure.shtml. If this business is a Sole Proprietorship or Partnership, write your Name, Social Security Number, date of Birth, mailing address, and other requested information in the provide space.

Social Security Number disclosure is required by Section 231.302(c)(1) of the Texas Family Code to obtain a license. Your Social Security Number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the Texas Attorney General at:

www.texasattorneygeneral.gov/cs or call (512) 460-6000 or (800) 252-8014

9. **Email address disclosure** – Write your email address only if you agree to the following statement. By providing my email address I authorize the Texas Department of Licensing and Regulation (TDLR) to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law.

10. **CRIMINAL HISTORY** – Have any of the owners or operators ever been convicted of, or placed on deferred adjudication for, any Misdemeanor or Felony, other than a minor traffic violation. If YES, complete and attach a Criminal History Questionnaire for each offense. This form can be obtained from the TDLR website at www.tdlr.texas.gov/MISC/lic002.pdf.

REQUIRED FOR ALL NEW APPLICANTS:

Fingerprinting: All new applicants must submit fingerprints for a national criminal history record review.

The applicant is responsible for paying the fee associated with this review to the fingerprint service vendor used by Texas Department of Public Safety. Once your completed application is received by TDLR, instructions on how to schedule an appointment to be fingerprinted will be emailed to you. Be sure your email address is current and legible to receive the fingerprinting information. To be eligible for licensing, you must successfully pass a criminal history background check.

10. **CERTIFYING STATEMENT** - Carefully read the statement before dating and signing your application.

NOTE: The application fee for a massage therapy establishment that is located at a massage school primary instructional location or approved additional location is \$100 (Fee Non-Refundable).

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711-2157

Documents submitted with your application will not be returned. Keep a copy of your completed application, all attachments, and you check or money order. Do not send cash.

For additional information and questions, please visit the Texas Department of Licensing & Regulation website at <https://www.tdlr.texas.gov> or reach Customer Service via webform where you can submit your request for assistance and include attachments needed at <https://tdlr.texas.gov/help> or (800) 803-9202 [in state only], (512) 463-6599, Relay Texas-TDD: (800) 735-2989 or Fax: (512) 463-9468. Customer Service Representatives are available Monday through Friday 7:00 a.m. until 6:00 p.m. Central Time (excluding holidays).



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MESSAGE ESTABLISHMENT LICENSE APPLICATION

DO NOT WRITE ABOVE THIS LINE

APPLICATION FEE: \$200 (APPLICATION FEE IS NON-REFUNDABLE)

The application fee for a massage therapy establishment that is located at a massage school primary instructional location or approved additional location is \$100 (Fee Non-Refundable)

This completed application must be accompanied by the application fee

1. Establishment Name:

2. DBA Name: (if applicable)

3. Establishment Phone Number:

4. Establishment Fax Phone Number:

(Area Code) Phone Number

(Area Code) Phone Number

5. Email Address:

(Ex: johndoe@gmail.com) See Instructions sheet for Disclosure

6. Establishment Mailing Address:

P.O. Box, Number, Street Name/Apartment Number

City, State, Zip Code

7. Establishment Physical Address (PO Box cannot be used for this address):

Number, Street Name/Apartment Number, City, State, Zip Code

8. Type of Ownership: (check only one box for the type of ownership)

COMPLETE THE APPROPRIATE SECTION FOR THE APPLICABLE BUSINESS. INCOMPLETE FORMS WILL DELAY THE APPLICATION PROCESS.

For information concerning the Texas Secretary of State (SOS) file number call 512-463-5555 or 800-252-1381, or 800-252-1381, or visit: www.sos.state.tx.us. The Federal Employer Identification Number (FEIN) also known as "Federal Tax ID Number" is a 9-digit number assigned by the Internal Revenue Service (IRS).

Sole Proprietor: (One individual)

Name: _____

Social Security Number or Federal Tax Identification Number: _____

Owner Date of Birth: _____

Phone #: _____

(Area Code) Phone Number

Email Address: _____

(Ex: johndoe@gmail.com) See instruction sheet for disclosure information

Mailing Address: _____

P.O. Box, Number and Street Name

City, State, Zip Code

Partnership: (Two or more individuals)

Name of Partner #1: _____
Social Security Number or Federal Tax Identification Number: _____ Owner Date of Birth: _____
Phone #: _____ Email Address: _____
(Area Code) Phone Number (Ex: johndoe@gmail.com) See instruction sheet for disclosure information
Mailing Address: _____
P.O. Box, Number and Street Name

City, State, Zip Code

Name of Partner # 2: _____
Social Security Number or Federal Tax Identification Number: _____ Owner Date of Birth: _____
Phone #: _____ Email Address: _____
(Area Code) Phone Number (Ex: johndoe@gmail.com) See instruction sheet for disclosure information
Mailing Address: _____
P.O. Box, Number and Street Name

City, State, Zip Code

FOR ADDITIONAL PARTNERS COMPLETE ANOTHER SHEET

Corporation, Limited Company or General Partnership: (example Corporation, LLC, LP, LLP)

Name of Business Entity: _____
Texas SOS File #: _____
Federal Tax Identification Number (FEIN): _____
Phone #: _____ Email Address: _____
(Area Code) Phone Number (Ex: johndoe@gmail.com) See instruction sheet for disclosure information
Mailing Address: _____
P.O. Box, Number and Street Name

City, State, Zip Code

List all officers, directors and registered agents of the corporation. (Use additional sheets, if necessary.)

Name: _____
Last, First, Middle Name
Gender: Male Female Date of Birth: _____ Social Security Number: _____
Position or Title: _____ Phone Number: _____

Name: _____
Last, First, Middle Name
Gender: Male Female Date of Birth: _____ Social Security Number: _____
Position or Title: _____ Phone Number: _____

9. Have any of the operators or owners ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation? Yes No
If YES, the individual needs to complete and submit a Criminal History Questionnaire (CHQ) for each offense.

See instructions sheet for more information

10. **CERTIFYING STATEMENT**

I certify that I will comply with all applicable laws and rules related to my licensed occupation or profession. I further certify that all information I have provided is true and correct. I understand that providing false information may result in denial of this application and/or revocation of the license.

Signature _____

Date _____