



# TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711  
(512) 539-5735 • (800) 803-9202 • FAX (512) 539-5736  
*education@tdlr.texas.gov • www.tdlr.texas.gov*

## MESSAGE SCHOOL LICENSE APPLICATION INSTRUCTIONS

DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR NON-REFUNDABLE CHECK OR MONEY ORDER. SCHOOLS MAY NOT ENROLL STUDENTS UNTIL THE INSPECTION HAS BEEN PASSED AND THE LICENSE HAS BEEN RECEIVED.

1. **SCHOOL NAME** – Write the legal name of the school which must be used in all advertisements.
2. **DBA – DOING BUSINESS AS NAME** (if applicable) – 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 is 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 that John Smith sets up a painting business. Rather than operate under his own name, John Smith, he chooses to name his business "John Smith Painting". This name is considered an assumed name and John will need to register the name with the appropriate local government agency.  
Do I need a DBA name? A DBA name is needed in the following scenarios:
  - **Sole Proprietors or Partnerships:** If you wish to start a business under any name other than your legal name, you will need to register the DBA to do business as another name.
  - **Existing Corporations or LLCs:** If your business is already set up and registered to do business under a name other than the existing corporation or LLC name, the DBA name will need to be registered.
3. **SCHOOL PHYSICAL ADDRESS** – Write the physical address of your facility. A post office box cannot be used for this address. Once the license has been issued, the physical address can only be changed by applying for a new license. The physical address is the address that will be inspected and where the school will be operated.
4. **SCHOOL MAILING ADDRESS** – Write the current mailing address for the school. This is the address where all mail will be sent. This address can be a post office box. Add the zip plus-4 to help the postal service deliver mail more efficiently. Enter the business phone number, fax number (optional), email address and website address. This is the address the Department will mail all correspondence, a post office box is acceptable. NOTE: When you provide your email address you agree to the following Email Disclosure Statement: "By providing my email address I authorize 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."
5. **SCHOOL DIRECTOR** – Write the director's name and email address who is the responsible party for the school's day to day operations. "By providing the email address I authorize 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 the 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. **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](http://www.sos.state.tx.us/corp/businessstructure.shtml)  
If the business is a sole proprietorship or partnership, write your name, social security number, date of birth, mailing address and other requested information in the space provided. **This information is required.**

**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/child-support](http://www.texasattorneygeneral.gov/child-support) or call (512) 460-6000 or (800) 252-8014.

Email Address Disclosure – By providing the email address I authorize 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 the 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.

7. **CORPORATE FRANCHISE TAX** – Select the option which applies to the school. A corporate applicant must file a statement from the Comptroller of Public Accounts stating the franchise taxes are current, or that the corporation is exempt from payment of the franchise taxes. An out-of-state corporation must provide information that the corporation is not subject to the franchise taxes.
- 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 the 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.
8. **CRIMINAL HISTORY** – Indicate if you have 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](http://www.tdlr.texas.gov/MISC/lic002.pdf).  
If you are worried your criminal history could prevent you from getting this license, Texas allows you to have your criminal history evaluated before submitting your application and non-refundable fees. To request a criminal history evaluation, submit a Criminal History Evaluation Letter, a completed Criminal History Questionnaire form for each crime you were convicted of or placed on deferred adjudication for and a \$25 fee. You can find more information on the process and download the necessary forms on the TDLR website at [www.tdlr.texas.gov/crimHistoryEval.htm](http://www.tdlr.texas.gov/crimHistoryEval.htm).
9. **STATEMENT OF APPLICANT** – Carefully read the statement before dating and signing your application. The application must be signed by the owner and/or officer of the school.

**THE FOLLOWING DOCUMENTATION MUST BE SUBMITTED**

- A completed application
- A signed lease agreement
- A detailed floor plan
- An inventory list detailing equipment in the facility
- Current financials as required in Chapter 117
- The required fee of \$1,500

**Inspection will not be performed until all requirements are met**

- **Passed Inspection:** If the school passes the inspection, a report will be entered in the database and the school license will be issued.
- **Inspection Not Passes:** If the school did not pass inspection, the inspector will go over the requirements to pass the inspection. Once the items that are listed on the inspection report have been corrected, you will be required to provide documentation showing the items have been corrected.



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## MESSAGE SCHOOL LICENSE APPLICATION

1. School Name: \_\_\_\_\_

2. School DBA Name: \_\_\_\_\_

3. School Physical Address:

\_\_\_\_\_  
Number, Street Name, Suite Number

\_\_\_\_\_  
City, State, County, Zip Code

4. School Mailing Address:

\_\_\_\_\_  
Number, Street Name, Suite Number

\_\_\_\_\_  
City, State, County, Zip Code

Phone Number:

Fax Number:

Email Address:

Website Address:

\_\_\_\_\_  
(Area Code) Phone Number

\_\_\_\_\_  
(Area Code) Phone Number

\_\_\_\_\_  
(ex. johndoe@gmail.com)

5. School Director Name and Email Address:

Email Address

\_\_\_\_\_  
Last, First, Middle Name, Suffix (Jr. Sr. III)

\_\_\_\_\_  
(ex. johndoe@gmail.com)

6. Type of Ownership: Select the option below that applies to this school.

☐ Sole Owner/Proprietorship

☐ General Partnership

☐ Corporation

☐ Limited Liability Company (LLC)

☐ Limited Partnership

☐ Limited Liability Partnership

Federal ID Number and/or Social Security Number: (if sole owner) \_\_\_\_\_

**Ownership Information** (Use additional sheets if necessary)

Organizational structure of the massage school must be provided. List individual owners, partnership or corporate officers, directors and registered agents.

**Sole Proprietorship Information**

Owner Name: \_\_\_\_\_

Owner Date of Birth: \_\_\_\_\_ Owner Social Security Number: \_\_\_\_\_

Owner Address: \_\_\_\_\_  
Number, Street Name, Suite Number, Apartment Number

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
(Area Code) Phone Number (Area Code) Phone Number (ex: johndoe@gmail.com)

**Partnership Information**

Name: \_\_\_\_\_

Owner Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Number, Street Name, Suite Number, Apartment Number

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
(Area Code) Phone Number (Area Code) Phone Number (ex: johndoe@gmail.com)

**Corporation/Limited Liability Company (LLC)** (Use additional sheets if necessary)

Corporation Name: \_\_\_\_\_

Corporation Address: \_\_\_\_\_  
Number, Street Name, Suite Number

\_\_\_\_\_  
City, State, County, Zip Code

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
(Area Code) Phone Number (Area Code) Phone Number (ex: johndoe@gmail.com)

Corporation Name: \_\_\_\_\_

Corporation Address: \_\_\_\_\_  
Number, Street Name, Suite Number

\_\_\_\_\_  
City, State, County, Zip Code

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
(Area Code) Phone Number (Area Code) Phone Number (ex: johndoe@gmail.com)

**Information for Officers, Directors, or Registered Agents**

Select one: ☐ Officer ☐ Director ☐ Registered Agent

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

(See Instruction Sheet for Disclosure Information)

Address: \_\_\_\_\_

(P.O. Box Number, Street Name/Apt Number, City, State, Zip Code)

Select one: ☐ Officer ☐ Director ☐ Registered Agent

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

(See Instruction Sheet for Disclosure Information)

Address: \_\_\_\_\_

(P.O. Box Number, Street Name/Apt Number, City, State, Zip Code)

**7. Corporate Franchise Tax:**(select the box that applies)

☐ Franchise Tax is Current

☐ Franchise Tax is Not Current

☐ Corporation is exempt

☐ Out-of-State - not subject to Texas Franchise Tax

**Please provide proof.**

**8. Criminal History**

Have any of the 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 instruction sheet for more information**

**9. Certifying Statement**

I certify that I have read and will comply with all applicable laws and rules of the Massage Therapy Program including Texas Occupations Code, Chapters 51 and 455; and administrative rules under 16 Texas Administrative Code, Chapters 60 and 117. I understand that providing false information on this application may result in denial of this application and/or revocation of the license I am requesting and the imposition of administrative penalties.

\_\_\_\_\_  
Signature of Owner, Officer, or Authorized Representative

\_\_\_\_\_  
Date