

## Mississippi State Board of Massage Therapy

## Massage Business Registration

I affirm, that any and all the information provided below is true and accurate. Further, I understand that it is my responsibility to keep this record up to date as required by law.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

| Si | gnature:  |  |  |  |  |  |  |  |
|----|---|--|--|--|--|--|--|--|
|    | THE COST IS \$50 AND MUST BE SUBMITTED BY MONEY ORDER OR CASHIER'S CHECK ONLY.  |  |  |  |  |  |  |  |
| 1  | Business name   |  |  |  |  |  |  |  |
| 2  | Physical address of establishment, including city, county, state and zip  |  |  |  |  |  |  |  |
| 3  | Mailing address of establishment, including city, county, state and zip   |  |  |  |  |  |  |  |
| 4  | Business phone  |  |  |  |  |  |  |  |
| 5  | Business fax  |  |  |  |  |  |  |  |
| 6  | Business website  |  |  |  |  |  |  |  |
| 7  | Business owner – does not have to be a licensed therapist, but if so, include LMT #                                     |  |  |  |  |  |  |  |
| 8  | Business owner's email<br>Address   |  |  |  |  |  |  |  |
| 9  | Business manager, if different from owner – does not have to be a licensed massage therapist, but if so, include I MT # |  |  |  |  |  |  |  |

| 10 | Business manager's email address  |  |
|----|---|--|
| 11 | Mailing address of business owner, including city, county, state and zip  |  |
| 12 | Federal Tax Identification Number (if corporation, partnership, joint venture, professional association, sole proprietor or LLC); also name officers, if applicable |  |
| 13 | Doing Business As (DBA) – (owner doing business under business name)  |  |
| 14 | Is business located in the city limits?   |  |
| 15 | Provide the Business Permit Number provided by the City or the County   |  |
| 16 | Provide the expiration date of the Business Permit provided by the City or County   |  |
| 17 | Original date establishment opened business for massage services  |  |
| 18 | Do you own or rent the building where massage services are provided?  |  |
| 19 | If you do not own and rent the space, provide the name of the building owner / landlord   |  |
| 20 | Provide the contact's name of the owner / landlord  |  |
| 21 | Provide the contact phone<br>number of the owner /<br>landlord  |  |
| 22 | Provide the email address of<br>the owner / landlord  |  |
| 23 | Does the business, business owner, or business manager operate outside the US?  |  |
| 24 | Who is responsible for advertising massage services at the establishment?   |  |
| 25 | Who is responsible for maintaining client records and responsible for the retention of these records?   |  |
|    |   |  |

| 26  | LIST ALL MASSAGE THERAPISTS THAT W   | L MASSAGE THERAPISTS THAT WORK IN YOUR BUSINESS |            |     |     |     |  |  |  |  |  |
|-----|--|---|------------|-----|-----|-----|--|--|--|--|--|
|     | NAME   | LICENSE #                                       | EXPIRATION | E * | IC* | SP* |  |  |  |  |  |
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| E = | E = Employee; IC = Independent Contractor; SP = Sole Proprietor  |   |            |     |     |     |  |  |  |  |  |
| 27  | IF THERE ANY ADDITIONAL INFORMATION NWHICH YOU WOULD LIKE TO DISCLOSE TO THE BOARD REGARDING THIS MASSAGE BUSINESS? IF SO, PLEASE PROVIDE DETAIL |   |            |     |     |     |  |  |  |  |  |
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