



# Application for Massage Establishment Change of Name/Location

Florida Board of Massage Therapy  
PO Box 6330  
Tallahassee, FL 32314-6330

Web: [www.floridasmassagetherapy.gov](http://www.floridasmassagetherapy.gov)  
E-mail: [info@floridasmassagetherapy.gov](mailto:info@floridasmassagetherapy.gov)

Do not write in this space.  
For Revenue receipting only.

## APPLICATION FEES: Change of Name / Change of Location

**Please choose one of the following:**

I am changing the name of my establishment only. (X-3010)  
Application Fee: \$25.00

I am changing the location of my establishment, OR  
the location and name of my establishment. (X-3011)  
Application Fee: \$25.00  
Inspection Fee: \$100.00

**Total Fees: \$125.00**

**Applications received without fee  
payment will not be processed.**

Fees must be paid in the form of a  
cashier's check or money order made  
payable to "Department of Health."

*An applicant who withdraws their application prior to change of name or change of name and location is entitled to a refund of the \$25.00 application fee. An applicant who withdraws their application prior to change of location inspection is entitled to a refund of \$125.00 (application fee and inspection fee). A request to withdraw and/or receive refund must be made in writing. Fees are refundable for three years from the date of receipt.*

**Important Notice:** Pursuant to 480.043(9)(a), Florida Statutes, a massage establishment issued to an individual, a partnership, a corporation, a limited liability company, or another entity may not be transferred from the licensee to another individual, partnership, corporation, limited liability company, or another entity.

### The following changes constitute a transfer of ownership:

- A license originally issued to an individual (sole proprietor), where the individual (sole proprietor) has changed.
- A license originally issued to an individual (sole proprietor) who has since formed a Limited Liability Company or Corporation for the purposes of operating the massage establishment.
- A license originally issued to a partnership where the partners have changed.
- A license issued to a Limited Liability Company whose members have changed.
- A license issued to a Corporation which has dissolved and reincorporated or has changed Tax ID (FEI/EIN).  
*This excludes corporations who have changed corporate owners or officers, but who have maintained the same FEI/EIN number. If you are changing corporate officers, you will need to complete DH-MQA XXXX "Change of Corporate Officer/Interested Party/Designated Establishment Manager"*

**If a transfer of ownership has occurred, you will need to apply for a new massage establishment license. If you are a new owner, you *MAY NOT* operate the establishment under a previous owner's establishment license.**

**This form cannot be used to change your designated establishment manager.**

*If you are changing your designated massage establishment manager, you will need to complete form DH-MQA 5040 "Change of Corporate Officer/Interested Party/Designated Establishment Manager."*

## EMAIL NOTIFICATION

If you want to be notified of the status of your application by email, please check "Yes" and provide your email address. You will be responsible for checking your email regularly and updating your email address with the Board office. If you already have an email address on file, this will update your email address on file to the one provided below.

I want to be notified by email:     Yes     No

E-Mail Address: \_\_\_\_\_

*Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not provide an email address or send electronic mail to our office. Instead, contact us by phone or in writing.*

**ESTABLISHMENT ENTITY INFORMATION (CURRENT)**

**Current Establishment Name:** \_\_\_\_\_  
*The name of your establishment, as it appears on your current license.*

**Current License Number:** MM \_\_\_\_\_

**This license is held by:**     an individual (Sole Proprietor)     a Partnership (GP, LP, LLP, RLLP)  
     a Limited Liability Company         a Corporation  
     Other (specify): \_\_\_\_\_

If you selected "Partnership," "Limited Liability Company," or "Corporation", provide the Tax ID associated with your establishment.

**Establishment Tax ID (FEI/EIN):** \_\_\_\_\_

**CHANGE OF NAME**

**Yes, I am changing the name or D/B/A name of my establishment.**

**New Establishment Name:** \_\_\_\_\_

*The name of your establishment. If you are applying as an individual/sole proprietor, this will be your name. For partnerships, limited liability companies and corporations, this will be your name as filed with the Division of Corporations.*

**Doing Business As (D/B/A) Name:** \_\_\_\_\_

*The name you would like to appear on the license, if it differs from your establishment name.*

**Fictitious Name Registration Number (if D/B/A Name was provided):** \_\_\_\_\_

*Your fictitious name registration will be verified with the Division of Corporations prior to the issuance of an updated license.*

**No, I am not changing the name of my establishment.**

**CHANGE OF MAILING ADDRESS**

**Important Notice:** Pursuant to 456.035, Florida Statutes, each licensee is responsible for notifying the Department in writing of their current mailing address.

**Yes, I want to change my mailing address at this time.** Please change my mailing address to:

**Street/PO Box:** \_\_\_\_\_ **Suite:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **Phone:** (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

**No, do not change my mailing address at this time.**

*I understand that I am required to update my mailing address if my mailing address changes as a result of a change of location.*

**CHANGE OF LOCATION**

**Yes, I am changing the location of my establishment.** My new physical location will be:

**Street Address:** \_\_\_\_\_ **Suite:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **Phone:** (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

**This establishment carries property damage and bodily injury liability insurance.**

*Property damage and bodily injury liability insurance is required pursuant to 64B7-26.002(3), Florida Administrative Code.*

**Submit a copy of your insurance policy.**

**No, I am not changing the location of my establishment.**

**ESTABLISHMENT OWNER/AUTHORIZED PERSON STATEMENT**

I certify that I am an establishment owner of the establishment referred to in this application or am otherwise authorized by the licensee to submit this application. I declare that the answers provided herein and in support of this application are true and correct. Should I furnish any false information on or in support of this application, I understand that such action shall constitute cause for denial, suspension, or revocation of any license to practice in the state of Florida.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_