

# Application for Massage Establishment Change of Name/Location



**Board of Massage Therapy  
P.O. Box 6330**

**Tallahassee, FL 32314-6330**

**Website: <https://floridasmassagetherapy.gov/>**

**Email: [info@floridasmassagetherapy.gov](mailto:info@floridasmassagetherapy.gov)**

**Phone: (850) 245-4161**

**Fax: (850) 412-2681**



## Important Information

**Important Notice:** Pursuant to section (s.) 480.043(9)(a), Florida Statutes (F.S.), 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 5040 **“Change of Corporate Officer/Interested Party/Designated Establishment Manager Application.”***

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.



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Fax: (850) 412-2681

Email: [info@floridasmassagetherapy.gov](mailto:info@floridasmassagetherapy.gov)

Do Not Write in this Space  
For Revenue Receiving Only

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."

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.

Change of Establishment Name Only (3010) \$25.00  
Change of Establishment Location OR  
Change of Establishment Name and Location (3011) \$125.00

Total fee includes the following:  
Application Fee (non-refundable) \$25.00  
Inspection Fee \$100.00

Fees must be paid in the form of a cashier's check or money order, made payable to the Department of Health. Requests for a refund must be made in writing. Fees are refundable for up to three years from the date of receipt.

An applicant who withdraws their application prior to change of location inspection is entitled to a refund of \$100.00 (inspection fee).

## 1. CURRENT ESTABLISHMENT INFORMATION

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

Current Establishment License Number: MM \_\_\_\_\_

This license is held by a/an:	
<input type="checkbox"/>	Individual (Sole Proprietor)
<input type="checkbox"/>	Partnership (GP, LP, LLP, RLLP)
<input type="checkbox"/>	Limited Liability Company
<input type="checkbox"/>	Corporation
<input type="checkbox"/>	Other:

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

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

## 2. CHANGE OF NAME

The name of the establishment remains the same.

Change the establishment name or D/B/A to:

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

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

### 3. CHANGE OF MAILING/EMAIL ADDRESS

**Important Notice:** Pursuant to s. 456.035, F.S., each licensee is responsible for notifying the department in writing of their current mailing address.

The mailing address for the establishment remains the same.

Change the establishment mailing address to:

\_\_\_\_\_  
Street/P.O. Box Suite/Apt. City

\_\_\_\_\_  
State ZIP Country Telephone (Input without dashes)

**Email Notification:** To be notified of the status of your application by email, check the "Yes" box and fill in your email address on the line provided. If you choose to be notified via email you will be responsible for checking your email regularly and updating your email address with the board office.

Yes No Email 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 the office by phone or in writing.

### 4. CHANGE OF PHYSICAL ADDRESS

**Important Notice:** Property damage and bodily injury liability insurance is required pursuant to Rule 64B7-26.002(2), Florida Administrative Code (F.A.C.).

The physical address for the establishment remains the same.

Change the establishment physical address to:

\_\_\_\_\_  
Street/P.O. Box Suite/Apt. City

\_\_\_\_\_  
State ZIP Country Telephone (Input without dashes)

**Submit a copy of the establishment's property damage and bodily injury liability insurance for the new physical address, as required by Rule 64B7-26.002(2), F.A.C.**

### 5. ESTABLISHMENT OWNER/AUTHORIZED PERSON STATEMENT

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*You may print this application and sign it or sign digitally.*

MM/DD/YYYY