

OWNER(S) INFORMATION

§40-30-113 (A)(2) requires the name, address and telephone number of each owner of the massage therapy establishment. Attach an additional sheet if necessary.

OWNER INFORMATION

Last: _____ **First:** _____ **Middle:** _____ **Suffix:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____

Last: _____ **First:** _____ **Middle:** _____ **Suffix:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____

Last: _____ **First:** _____ **Middle:** _____ **Suffix:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____

Completed MTE Owner’s Affidavit should be submitted with this application.

PRIVACY DISCLOSURE

South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Massage Therapy
 110 Centerview Dr. • Columbia • 29210
 P.O. Box 11329 • Columbia • SC 29211-1329
 Phone: 803-896-4588 • Contact.Massage@llr.sc.gov • Fax: 803-896-4484
 llr.sc.gov/mas

**MESSAGE THERAPY ESTABLISHMENT
 OWNER'S AFFIDAVIT**

§40-30-113 (A)(2) requires the name, address and telephone number of each owner of the massage therapy establishment.

Each owner of the massage therapy establishment is required to complete an Owner's Affidavit form.

Name of Massage Therapy Establishment: _____

OWNER INFORMATION

Last Name: _____ First: _____ Middle: _____ Suffix: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Massage License Number (if applicable): _____

PERSONAL HISTORY QUESTIONS FOR OWNER

1. Have you ever owned an establishment that is or has been disciplined by the SC Board of Massage Therapy? If yes, provide a written explanation. YES NO

2. Have you read and do you understand the SC Massage Therapy Laws and Regulations? YES NO

OWNER ATTESTATION

I certify I have carefully read the questions within this application and have answered them completely, without reservations of any kind, and declare that all statements made by me herein are true and correct to the best of my knowledge.

Should I furnish any false, incomplete, or misleading information in this application, I hereby agree that such act shall constitute the cause for denial or revocation of this license in South Carolina.

Applicant's Signature: _____ **Date:** _____

Sworn to and subscribed me this _____ day of _____, 20 ____ .

Notary Signature: _____

Print Notary Name: _____

{Seal}

Notary Public for the State of: _____

Commission Expiration Date: _____



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MESSAGE THERAPY ESTABLISHMENT OR SOLE PRACTITIONER

SELF-INSPECTION FORM

This form must be completed, signed, and submitted with the Massage Therapy Establishment or Sole Practitioner Establishment application along with the applicable fee before a license will be issued. If you have questions related to the inspection report, you may call the LLR Division of Inspection at 803-896-4415. An LLR Inspector will contact the owner by phone to set up an inspection date and time. An establishment cannot open for business until an inspection has been conducted.

Massage Establishment operation requirements can be found in Reg. 77-141, which are posted on the Massage Board's website, at www.https://llr.sc.gov/mas.

Establishment Name: _____ Projected Open Date: _____

Physical Address: _____

Phone: _____ Alt. Phone: _____

Days & Times of Operation: _____

1. I have put in place and am using the required state sanitation methods. Yes No
2. Current state licenses are posted for each massage practitioner with a required photo. Yes No
3. I have hot and cold running water. Yes No
4. I have containers or separate storage for soiled sheets, towels or other linens. Yes No
5. I have a sufficient supply of clean, laundered sheets towels or other linens. Yes No
6. I have a means of disinfecting tools, implements and massage table surfaces. Yes No
7. I have in place all required equipment and tools to operate. Yes No
8. The service area is separated from the sleeping area. (Residential Establishments Only) N/A Yes No
9. I state this establishment is in compliance with all State Board requirements. Yes No
10. I have in place massage oils, lotions and other preparations in clean enclosed containers. Yes No
11. I have signed and posted a copy of this self-inspection report. Yes No

As the owner, I understand I am responsible for signing this form and I am also stating all of the above information is true and correct.

Owner's Signature

Date