

#### South Carolina Department of Labor, Licensing and Regulation

## South Carolina Office of Massage/Bodywork Therapy 110 Centerview Dr. • Columbia • SC • 29210

P.O. Box 11329 • Columbia • SC 29211-1329
Phone: 803-896-4588 • <u>BoardInfo@llr.sc.gov</u> • Fax: 803-896-4484
<u>llr.sc.gov/mas</u>

#### MASSAGE THERAPY ESTABLISHMENT APPLICATION

#### Instructions

- Use this form for:
  - a new establishment (or an additional establishment with the same name).
  - a location change (return former license).
  - an ownership change (return former license).
  - a name change (return former license).
- If there are multiple locations under the same name, indicate the location ID by the DBA name. Each location requires a license.

#### Submit with the application:

- Check or money order only, in the amount of \$150 made payable to SC Board of Massage Therapy (Fees are non-refundable). A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds. NO CASH IS ACCEPTED.
- Completed Self-Inspection Report
- MTE Owner's Affidavit, attached.
- Proof of Federal ID Number, if applicable.
- SC Secretary of State Proof of Registration, if applicable
  Business corporations, non-profit corporations, limited liability companies, limited partnerships and limited liability
  partnerships must register with the SC Secretary of State: <a href="https://sos.sc.gov/">https://sos.sc.gov/</a>. Sole Proprietorships and General
  Partnerships are not required to register.

#### **APPLICATION TYPE**

New Establishmen	nt Additional Es	stablishment					
Name Change: Cu	rrent License No.:						
Location Change: Prior License No:			Prior	Prior Address:			
Ownership Change: Prior License No:			Prior Address:				
MASSAGE THER.	APY ESTABLISHM	ENT (MTE) I	NFORM	IATION			
MTE Legal Name:				_ Fed Tax ID or SSN:			
Doing Business As (DBA):(Exact name you will conduct business in SC)				_ Location	ID:		
	(Exact name yo	u will conduct busin	ess in SC)		(If applicable)	)	
Type of Business:	Sole Proprietorship	Partnership*	Corp*	LLC*	LLP*		
	Other:	Other: * Requ			uires Federal ID Number		
Physical Location:							
	Street Address	City	State	Zip Code	Cou	ınty	
Mailing Address (if di	fferent):						
Contact Person:			Title:				
(Important information a	about the board and licensu	are will be sent to t	this addres	s. You may	enter more than one	email.)	

#### **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:	_ Middle:		_ Suffix:	
Address:		City:		State:	Zip:		
Phone:							
Last:	First:		Middle:		Suffix:		
Address:		City:		State:	Zip:		
Phone:							
Last:			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

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# MASSAGE 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 mass	age therapy establishment	is required to complete an	Owner's Af	fidavit forr	n.
Name of Massage Thera	apy Establishment:				
OWNER INFORMAT	TION				
Last Name:	First:	Middle:		_ Suffix:	
Address:		City:	State:_	Zip:	
Phone:	Mass	sage License Number (if appli	cable):		
PERSONAL HISTORY	QUESTIONS FOR OWNI	ER			
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 Mass	sage Therapy Laws and Regul	lations?	YES	NO
OWNER ATTESTATIO	)N				
	any kind, and declare that a	this application and have an all statements made by me h			
		ng information in this applic ocation of this license in Sou		by agree th	at
Applicant's Signature	:	:	Date:		
Sworn to and subscribed	d me this day	of,	20		
Notary Signature:					
Print Notary Name: {Seal}					
Notary Public for the St	ate of:				
Commission Expiration	Date:				



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# MASSAGE 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 Op-	Projected Open Date:					
Physical Address:							
Phone:	Alt. Phone:	Alt. Phone:					
Days & Times of Operation:							
1. I have put in place and am using the required	I state sanitation methods.		□ Yes	□No			
2. Current state licenses are posted for each ma	ssage 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 soile	ed sheets, towels or other linens.		☐ Yes	□No			
5. I have a sufficient supply of clean, laundered	l sheets towels or other linens.		☐ Yes	□No			
6. I have a means of disinfecting tools, implement	ents and massage table surfaces.		☐ Yes	□No			
7. I have in place all required equipment and to	ols to operate.		☐ Yes	□ No			
8. The service area is separated from the sleeping	ng area. (Residential Establishments Only)	□ N/A	☐ Yes	□ No			
9. I state this establishment is in compliance wi	th all State Board requirements.		☐ Yes	□No			
10. I have in place massage oils, lotions and other	er preparations in clean enclosed containers.		□Yes	□No			
11. I have signed and posted a copy of this self-in	nspection report.		□ Yes	□ No			
As the owner, I understand I am responsible nformation is true and correct.	for signing this form and I am also sta	ting all o	f the abo	)ve			
Owner's Signature	Date						