



MESSAGE SOLE PRACTITIONER ESTABLISHMENT REINSTATEMENT APPLICATION

Renewal Instructions / Requirements:

- Reinstatement fee of \$150 in the form of a check or money order only (DO NOT MAIL CASH) made payable to LLR – Board of Massage Therapy. (All 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.)
- Reinstatement applications must be postmarked on or before June 30, 2025.
- Continued practice without renewing the license may result in disciplinary action.
- A completed Self-Inspection Report must be submitted.

SOLE PRACTITIONER ESTABLISHMENT INFORMATION

Establishment Name: _____ License No.: _____

Massage Therapist Name: _____ License No.: _____
(LMT sole practitioner)

Address: _____
Street (physical address required) City State Zip

Mailing Address: _____
Street/PO Box City State Zip

Email Address: _____ Phone No.: _____
(Required)

DISCIPLINARY QUESTION

If you answer “Yes” to the below questions, please attach a detailed explanation along with any supporting documentation.

1. Since the Sole Practitioner Establishment License had been issued, has any complaint been formally lodged against the establishment’s license or has any disciplinary action been taken against the establishment’s license? ☐ Yes ☐ No

ATTESTATION

I HEREBY affirm that I have read and understand all the questions on this reinstatement application and have answered truthfully, accurately and completely. I hereby acknowledge that failure to answer the above questions truthfully, accurately and completely shall constitute cause for disciplinary action to include revocation of my SC Sole Practitioner Establishment license and civil penalties up to \$500 per violation.

Signature

Date

PRIVACY DISCLOSURE

South Carolina Law requires the agency collect personal information which is only disseminated as required by law. 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 your renewal application and other documents on file, 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. In order to better protect the information you provide, please provide the Department with the following information that may be released to the public upon request: a public mailing address, a public email address and a public telephone number.



Massage Therapy Establishment or Sole Practitioner Establishment 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.

Projected Open Date: _____

Establishment Type: ☐ Massage Therapy Establishment ☐ Sole Practitioner Establishment

Inspection Type: ☐ Initial Inspection ☐ Routine Inspection ☐ Re-inspection

Establishment Name: _____ License #: _____

Establishment Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Alt. Phone: _____

Owner or Contact Person: _____ Phone: _____

1. The establishment license is properly posted. ☐ Yes ☐ No
2. All massage therapist licenses are properly posted with required photo. ☐ Yes ☐ No
3. Adequately-equipped accessible restroom facilities. ☐ Yes ☐ No
4. Sink with running water, soap and sanitary towels or hand sanitizer. ☐ Yes ☐ No
5. Suffieicnt supply of clean linens, gowns, sheets, towels or drapes. ☐ Yes ☐ No
6. The equipment is clean and in good repair. ☐ Yes ☐ No
7. Massage oils, lubricants and lotions are stored in clean, enclosed containers. ☐ Yes ☐ No
8. The establishment is clean and in good repair. ☐ Yes ☐ No
9. Service area is separated from sleeping quarters. (Residential Establishments only) ☐ N/A ☐ Yes ☐ No
10. Client records, if any, are maintained in a manner to safeguard confidentiality. ☐ N/A ☐ 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.

Signature of Owner or Contact Person

Date

Printed Name of Owner or Contact Person