



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 • BoardInfo@llr.sc.gov • Fax: 803-896-4484

llr.sc.gov/mas

SOLE PRACTITIONER ESTABLISHMENT APPLICATION
Massage Therapy Practice Act

A sole practitioner establishment means the fixed place of business, including but not limited to a rental space or residence, that is controlled by a licensed massage therapist, who is not an employee or contractor of the sole practitioner establishment, where massage therapy services are provided to clients who come to that specific location to receive those services.

Instructions

- Use this form for:
 - a new establishment;
 - additional establishment;
 - a location change (return former license);
 - a name change (return former license).

Submit with the application:

- Check or money order only, in the amount of \$75 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
- Proof of Federal ID Number, if applicable
- SC Secretary of State Proof of Registration, if applicable
Business corporations, non-profit corporations, limited liability companies, must register with the SC Secretary of State: <https://sos.sc.gov/>. Sole Proprietorships is not required to register.

Application Type

New Establishment Additional Establishment

Location Change: Prior License No: _____ Prior Address: _____

Name Change: Current License No.: _____

ESTABLISHMENT INFORMATION

Establishment's Legal Name: _____

Doing Business As (DBA): _____ Location ID: _____
(Exact name you will conduct business in SC) (If applicable)

Federal Tax ID or SSN: _____ Establishment Phone No.: _____

Type of Business: Sole Proprietorship Corporation* LLC* * Requires Federal ID Number

Physical Address: _____ County: _____
Provide Full Physical Address

Mailing Address: _____ City: _____ State: _____ Zip: _____
(If different than above)

Email Address: _____

Information related to licensure and renewals will be sent to this address (es). You may provide more than one email address.

CONTACT PERSON

Name: _____ Phone: _____

OWNER INFORMATION

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

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

Phone: _____ Massage License Number: _____

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.

Owner Signature

Date

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.



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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