



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

www.tdlr.texas.gov

MESSAGE ESTABLISHMENT LICENSE APPLICATION INSTRUCTIONS

Read the Massage Therapy Act (Texas Occupations Code, Title 3, Subtitle H, Chapter 455) and the Rules relating to massage therapy (16 Texas Administrative Code (TAC), Chapter 117) before completing the application.

No massage establishment can commence operation until the application for licensure of the establishment has been approved. In addition, an establishment may employ only licensed massage therapists to perform massage therapy. The current establishment license certificate along with the current license certificate(s) of all therapists must be displayed in a prominent location available for inspection.

DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CHECK OR MONEY ORDER. DO NOT SEND CASH.

1. ESTABLISHMENT NAME – Full legal name of establishment.
2. DOING BUSINESS AS (DBA) NAME – Provide the full DBA name for your business.
What is a "Doing Business As" Name? A fictitious name (or assumed name, trade name or DBA name) is a business name that is different from your personal name, the names of your partners or the officially registered name of your LLC or corporation.
It's important to note that when you form a business, the legal name of the business defaults to the name of the person or entity that owns the business, unless you choose to rename it and register it as a DBA name. For example, consider this scenario: John Smith sets up a painting business. Rather than operate under his own name, John instead chooses to name his business: "John Smith Painting". This name is considered an assumed name and John will need to register it with the appropriate local government agency. Do I need a DBA name? A DBA is needed in the following scenarios:
 - **Sole Proprietors or Partnerships** – If you wish to start a business under anything other than your real name, you'll need to register a DBA so that you can do business as another name.
 - **Existing Corporations or LLCs** – If your business is already set up and you want to do business under a name other than your existing corporation or LLC name, you will need to register a DBA.
3. ESTABLISHMENT PHONE NUMBER – Provide a telephone number, including the area code, where we can reach you during the day. This may be your office phone number where we can leave a message.
4. EMAIL ADDRESS – Provide your email address only if you agree to the following statement. By providing my email address I authorize the Texas Department of Licensing and Regulation (TDLR) to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address, or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law.
5. ESTABLISHMENT MAILING ADDRESS – Provide your current mailing address. This is the address where we will send you mail. This address can be a post office box. Please add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
6. ESTABLISHMENT PHYSICAL ADDRESS – Provide the physical address of your facility. A post office box cannot be used for this address. Once your license has been issued, you can only change the business's physical address by applying for a new license

7. LIST ALL OWNERS, OFFICERS, DIRECTORS AND REGISTERED AGENTS OF THE ESTABLISHMENT AND OWNER TYPE- Check the box that indicates how your business is organized. For a description of the various types of business structures contact the [Texas Secretary of State](#). If this business is a Sole Proprietorship or Partnership, write your Name, Social Security Number, Date of Birth, mailing address, and other requested information in the provide space. Provide a list of all the owners, officers, directors and registered agents of the facility along with their gender, date of birth, social security number, phone number, position/title, and percentage of ownership.

SOCIAL SECURITY NUMBER – Social security number disclosure is required by Section 231.302(c)(1) of the Texas Family Code to obtain a license. Your social security number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the [Texas Attorney General](#).

8. CRIMINAL HISTORY – Indicate if you have ever been convicted of or placed on deferred adjudication for any Misdemeanor or Felony, other than a minor traffic violation. If YES, complete and attach a [Criminal History Questionnaire \(PDF\)](#) for each offense.

REQUIRED FOR ALL NEW APPLICANTS:

Fingerprinting: All owners, officers, directors, and registered agents of the establishment must submit fingerprints for a national criminal history record review. The owners, officers, directors, and registered agents of the establishment is responsible for paying the fee associated with this review to the fingerprint service vendor used by Texas Department of Public Safety. Once your completed renewal application is received by TDLR, instructions on how to schedule an appointment to be fingerprinted will be emailed to you. Be sure your email address is current and legible to receive the fingerprinting information. To be eligible for license renewal, you must successfully pass a criminal history background check.

9. CERTIFYING STATEMENT – Carefully read the statement before signing and dating your application.

Note: The application fee for a massage therapy establishment that is located at a massage school primary instructional location or approved additional location is \$100.00 (Fee Non-Refundable)

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

TDLR
P.O. Box 12157
Austin, TX 78711-2157

Documents submitted with your application will not be returned. Keep a copy of your completed application, all attachments, and your check or money order. Do not send cash.

For additional information and questions, please visit the [TDLR website](#) or reach Customer Service via [webform](#). The webform will allow you to submit your request for assistance and include attachments needed. Customer Service Representatives are available Monday through Friday (excluding holidays) at (800) 803-9202 (in state only), (512) 463-6599, or Relay Texas-TDD: (800) 735-2989.

TDLR Public Information Act Policy:

This document is subject to the Texas Public Information Act. With certain exceptions, information in this document may be made available to the public. For more information, view the [TDLR Public Information Act Policy](#).



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MESSAGE ESTABLISHMENT LICENSE APPLICATION

APPLICATION FEE: \$200.00 (APPLICATION FEE IS NON-REFUNDABLE)

The application fee for a massage therapy establishment that is located at a massage school primary instructional location or approved additional location is \$100.00 (Fee Non-Refundable)

PAYMENTS MUST BE IN THE FORM OF A CASHIER'S CHECK OR MONEY ORDER PAYABLE TO TDLR.

☐ Ownership Change (Please provide previous license number) _____ New Location

1. Establishment Name: _____

2. DBA Name: (If applicable) _____

3. Establishment Phone Number: _____	4. Email Address: _____
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5. Establishment Mailing Address: (Used to receive mail from TDLR) (P.O. Box is allowed for this address)

P.O. Box, Street Number, Street Name Bldg/Ste # City State Zip Code

6. Establishment Physical Address: (P.O. Box cannot be used for this address)

Street Number & Name Bldg/Ste # City State Zip Code

7. List all owners with 10% or more ownership of the establishment: (Use additional sheets, if necessary)

Sole Proprietor: (One individual)				Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
_____ Last Name	_____ First Name	_____ Middle	_____ Suffix	

Date of Birth: _____ Month/Day/Year	Social Security Number: _____ (See instruction sheet for disclosure information)	Phone Number: _____ (Area Code) Phone Number
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Email Address: _____	Position or Title: _____
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Mailing Address: _____
Street number and name Bldg/Ste # City State Zip Code

Partnership (Two or more individuals)				Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name of Partner #1:				
_____ Last Name	_____ First Name	_____ Middle	_____ Suffix	

Date of Birth: _____ Month/Day/Year	Social Security Number or Federal Tax ID #: _____ (See instruction sheet for disclosure information)	Phone Number: _____ (Area Code) Phone Number
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Email Address: _____	Position or Title: _____	Percentage of Ownership: _____
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Mailing Address: _____
Street number and name Bldg/Ste # City State Zip Code

Partnership (Two or more individuals) Name of Partner #2:				Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Last Name		First Name		Middle	Suffix
Date of Birth:	Social Security Number or Federal Tax ID #:		Phone Number:		
Month/Day/Year	(See instruction sheet for disclosure information)		(Area Code) Phone Number		
Email Address:		Position or Title:		Percentage of ownership:	
Mailing Address:					
Street number and name		Bldg/Ste #	City	State	Zip Code
Corporation, Limited Company or General Partnership: (example Corporation, LLC, LP, LLP)					
Name of Business Entity:					
Texas SOS File #:		FEIN (Federal Tax ID):			
Email Address:		Phone Number:			
Mailing Address:					
Street number and name		Bldg/Ste #	City	State	Zip Code
List all officers, directors and registered agents of the corporation. (Use additional sheets, if necessary)					
Name:				Gender:	Percentage of ownership:
Last Name First Name Middle Suffix				<input type="checkbox"/> Male	
				<input type="checkbox"/> Female	
Date of Birth:	Social Security Number:	Position or Title		Phone Number:	
Month/Day/Year	(See instruction sheet for disclosure information)			(Area Code) Phone Number	
Name:				Gender:	Percentage of ownership:
Last Name First Name Middle Suffix				<input type="checkbox"/> Male	
				<input type="checkbox"/> Female	
Date of Birth:	Social Security Number:	Position or Title		Phone Number:	
Month/Day/Year	(See instruction sheet for disclosure information)			(Area Code) Phone Number	
8. Have you ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If YES, complete and submit a Criminal History Questionnaire (PDF) for each offense. Once your completed application is received, instructions on how to schedule an appointment to be fingerprinted will be emailed to you					
9. CERTIFYING STATEMENT					
I certify that I will comply with all applicable laws and rules related to my license occupation or professions. I further certify that all information I have provided is true and correct. I understand that providing false information may result in denial of the application and/or revocation of the license.					
_____ Signature				_____ Date	