



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

MESSAGE ESTABLISHMENT LICENSE RENEWAL APPLICATION INSTRUCTIONS

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.
 3. ESTABLISHMENT NUMBER – Provide your current license number.
 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 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.
 6. 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. You can add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
 7. 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.
 8. LIST ALL OWNERS, OFFICERS, DIRECTORS AND REGISTERED AGENTS OF THE ESTABLISHMENT – 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, position/title, and phone number.
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](#).
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 for each offense. This form can be obtained from the [TDLR website](#).
- REQUIRED FOR ALL RENEWALS:**
- 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 renewal application fee for a massage therapy establishment that is located at a massage school primary instructional location or approved additional location is \$100 (Fee Non-Refundable).

REQUIREMENTS FOR RENEWING A LICENSE

- Submit \$200 Renewal Fee

LATE FEE REQUIREMENTS

- A person whose license has been expired for 90 days or less may renew the license by paying to the department a renewal fee that is equal to 1-1/2 times the normally required renewal fee.
- A person whose license has been expired for more than 90 days but less than 18 months may renew the license by paying to the department a renewal fee that is equal to two times the normally required renewal fee. On approval by the executive director, a person whose license has been expired for at least 18 months but less than three years may renew the license by paying to the department a renewal fee equal to two times the normally required renewal fee.

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](#). You can request assistance or submit required attachments via [TDLR webform](#) or fax (512) 475-2871. You may contact Customer Service Representatives by calling (800) 803-9202 (in state only) or (512) 463-6599; Relay Texas -TDD (800) 735-2989. Customer Service Representatives are available Monday through Friday (excluding holidays).

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 RENEWAL APPLICATION

RENEWAL FEE: \$200 (FEE IS NON-REFUNDABLE)

The renewal application fee for a massage therapy establishment that is located at a massage school primary instructional location or approved additional location is \$100 (Fee Non-Refundable)

This completed form must be accompanied by the renewal fee.

1. Establishment name:

2. DBA Name: (if applicable)

3. Establishment License Number:

4. Email Address:

5. Establishment Phone Number:

Ex: johndoe@gmail.com See Instruction Sheet for Disclosure Information

(Area Code) Phone Number

6. Business Mailing Address:

P.O. Box, Number, Street Name/Apartment Number, City, State, Zip Code

7. Establishment Physical Address

Number, Street Name/Apartment Number, City, State, Zip Code

8. List all owners, officers, directors and registered agents of the establishment

(Use additional sheets, if necessary)

Name:

Gender:

☐ Male ☐ Female

Last, First, Middle Name, Suffix (Jr., Sr., III)

Date of Birth:

Social Security Number:

Month/Day/Year

See instruction sheet for disclosure information

Position or Title:

Phone Number:

(Area Code) Phone Number

Have you ever been convicted of, or placed on deferred adjudication for any misdemeanor or felony, other than a minor traffic violation since your last renewal?

☐ Yes ☐ No

If YES, complete and submit a Criminal History Questionnaire (CHQ) for each offense.

See instructions sheet for more information

Name:

Gender:

☐ Male ☐ Female

Last, First, Middle Name, Suffix (Jr., Sr., III)

Date of Birth:

Social Security Number:

Month/Day/Year

See instruction sheet for disclosure information

Position or Title:

Phone Number:

(Area Code) Phone Number

Have you ever been convicted of, or placed on deferred adjudication for any misdemeanor or felony, other than a minor traffic violation since your last renewal?

☐ Yes ☐ No

If YES, complete and submit a Criminal History Questionnaire (CHQ) for each offense.

See instructions sheet for more information

Name: _____ <small style="display: block; text-align: center;">Last, First, Middle Name, Suffix (Jr., Sr., III)</small>		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth: _____ <small style="display: block; text-align: center;">Month/Day/Year</small>	Social Security Number: _____ <small style="display: block; text-align: center;">See instruction sheet for disclosure information</small>	
Position or Title: _____		Phone Number: _____ <small style="display: block; text-align: center;">(Area Code) Phone Number</small>
Have you ever been convicted of, or placed on deferred adjudication for any misdemeanor or felony, other than a minor traffic violation since your last renewal? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, complete and submit a Criminal History Questionnaire (CHQ) for each offense. <u>See instructions sheet for more information</u>		
Name: _____ <small style="display: block; text-align: center;">Last, First, Middle Name, Suffix (Jr., Sr., III)</small>		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth: _____ <small style="display: block; text-align: center;">Month/Day/Year</small>	Social Security Number: _____ <small style="display: block; text-align: center;">See instruction sheet for disclosure information</small>	
Position or Title: _____		Phone Number: _____ <small style="display: block; text-align: center;">(Area Code) Phone Number</small>
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Name: _____ <small style="display: block; text-align: center;">Last, First, Middle Name, Suffix (Jr., Sr., III)</small>		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth: _____ <small style="display: block; text-align: center;">Month/Day/Year</small>	Social Security Number: _____ <small style="display: block; text-align: center;">See instruction sheet for disclosure information</small>	
Position or Title: _____		Phone Number: _____ <small style="display: block; text-align: center;">(Area Code) Phone Number</small>
Have you ever been convicted of, or placed on deferred adjudication for any misdemeanor or felony, other than a minor traffic violation since your last renewal? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, complete and submit a Criminal History Questionnaire (CHQ) for each offense. <u>See instructions sheet for more information</u>		
9. CERTIFYING STATEMENT		
I certify that I will comply with all applicable laws and rules related to my licensed occupation or profession. I further certify that all information I have provided is true and correct. I understand that providing false information may result in denial of this application and/or revocation of the license.		
_____ Signature of Applicant		_____ Date