



Planning Department

MASSAGE ESTABLISHMENT

Verification for New or Renewal of Occupational License

250 Bouscaren St, Ste 203
Slidell, LA 70458
985.646.4320
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This form verifies that the massage establishment described below is duly licensed/registered by the State of Louisiana and is permitted by the City's zoning regulations. An establishment that provides massage therapy, even if it is only a portion of the services provided, must possess a city occupation license for massage therapy. This form by itself does not grant all permissions that may be needed to start a business.

Massage Establishment Information

Establishment Name: _____

Establishment #: _____

Owner Name: _____

Street Address: _____

Phone Number: _____

Total Number of licensed therapists working at this location: _____

LIST ALL LICENSED THERAPISTS ON REVERSE

Zoning District: _____

Type of Business (describe in detail):

Owner / Agent Certification

Name: _____

Phone # _____

Email: _____

I certify that the information on this form is true to the best of my knowledge and that the business shall be conducted in accordance with the City of Slidell Code of Ordinances and other applicable laws.

Signature of Applicant

Date

Required Documents & Certifications

1. Massage Establishments has provided a copy of the establishment/registration certificate issued from the Louisiana Board of Massage Therapy. YES NO

2. Massage Establishments has provided a copy of all license therapists LMT-ID cards. YES NO

3. Applicant certifies massage establishment / registration certificate is to be clearly visible to patrons and inspectors per state law. YES NO

4. Applicant certifies a LMT-ID card(s) are to be clearly posted per state law. YES NO

5. Applicant acknowledges that any employee of the Departments of Planning, Building Safety, Code Enforcement, and/or Slidell Police Department are authorized to enter any massage establishment whenever the business is operating for the purpose of confirming that all persons providing massage therapy and the establishment have current state licenses and a city occupation license for massage therapy. YES NO

6. Applicant acknowledges any individual who is found to be providing massage therapy in violation of city ordinance and/or state law shall be immediately ordered to cease and desist providing massage therapy and be issued a notice of violation. YES NO

7. Applicant acknowledges violation of the provisions of this chapter shall be considered a misdemeanor and any person, including the owner or operator of a massage establishment, upon conviction, shall be fined not less than one hundred dollars (\$100.00) nor more than one thousand dollars (\$1,000.00) or imprisoned for not more than six months, or both. YES NO

8. Applicant acknowledges an establishment that is found to be providing massage therapy without a state license or city occupation license or is found to have an employee providing massage therapy without a state license or city occupation license more than once in a calendar year shall have their occupational license revoked. YES NO

9. Applicant acknowledges no license that has been revoked by the city or state will be reinstated without the written authorization of the mayor. YES NO

MASSAGE ESTABLISHMENT

Verification for New or Renewal of Occupational License

Massage License Information – Establishment and LMT(s)

Massage Establishment License Number: _____

1. Licensed Massage Therapist Name: _____

Licensed Massage Therapist License Number: _____

2. Licensed Massage Therapist Name: _____

Licensed Massage Therapist License Number: _____

3. Licensed Massage Therapist Name: _____

Licensed Massage Therapist License Number: _____

4. Licensed Massage Therapist Name: _____

Licensed Massage Therapist License Number: _____

5. Licensed Massage Therapist Name: _____

Licensed Massage Therapist License Number: _____

6. Licensed Massage Therapist Name: _____

Licensed Massage Therapist License Number: _____

7. Licensed Massage Therapist Name: _____

Licensed Massage Therapist License Number: _____

8. Licensed Massage Therapist Name: _____

Licensed Massage Therapist License Number: _____

9. Licensed Massage Therapist Name: _____

Licensed Massage Therapist License Number: _____

10. Licensed Massage Therapist Name: _____

Licensed Massage Therapist License Number: _____

USE DUPLICATE SHEETS IF NECESSARY – ALL LMTs MUST HAVE AN LMT-ID CARD AND A COPY PROVIDED TO THE CITY OF SLIDELL WITH THIS APPLICATION