

OFFICE USE ONLY

License # \_\_\_\_\_  
Issue Date \_\_\_\_\_  
Expiration Date \_\_\_\_\_

FEES

Initial Application \$100  
Two Year Renewal \$100

# Application for Massage Establishment License

Board of Massage Therapy  
179 Summers St Suite 711  
Charleston, WV 25301  
1-800-871-7265  
[Linda\\_lyter@frontier.com](mailto:Linda_lyter@frontier.com)

## 1. ESTABLISHMENT INFORMATION

Ownership Entity Name: \_\_\_\_\_

Doing Business As: \_\_\_\_\_  
*The name you would like to appear on the license, if it differs from your establishment name.*

Mailing Address: (The address where mail and your license will be sent.)

\_\_\_\_\_  
Street/P.O Box City State Zip

Telephone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Physical Location: (The location of the massage establishment. This address appears as a part of online license verification.)

\_\_\_\_\_  
Street/P.O.Box City State Zip

FEIN/EIN Number (if applicable) \_\_\_\_\_

You must submit a copy of registration with the WV Secretary of State.

Designated Massage Establishment Manager: \_\_\_\_\_  
*(This individual is not required to have a Massage Therapist License.)*

## 2. ESTABLISHMENT OWNER

The owner(s) is not required to be a licensed massage therapist.

A. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

B. List any other name(s) by which you have been known in the past.

\_\_\_\_\_

**C. Mailing Address:**

Street/P.O. Box

City

State

Zip

**ESTABLISHMENT OWNER/AUTHORIZED PERSON STATEMENT**

I certify that I am an owner of the establishment referred to in the application or otherwise authorized by the licensee to submit this application.

I attest that the answers provided in the application and in support of it are true and correct. Should I furnish any false information on or in support of this application, I understand that such action shall constitute cause for denial, suspension, or revocation of any license to practice in the state of West Virginia.

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

**3. UNLICENSED ACTIVITY/ PRIOR ACTION**

- A. Have you ever been issued a cease and desist or citation for the unlicensed practice of massage therapy or for operating a massage establishment without a license in West Virginia, or had similar action taken against you in another state, territory, or jurisdiction for unlicensed practice of massage therapy or unlicensed operation of a massage establishment? Yes  No

**If you responded "YES", provide the following:**

Documentation of the occurrence, including any relevant criminal or administrative filings. The documentation must demonstrate resolution of the incident.

- B. Have you ever had a license or certificate of registration to practice massage therapy or any other licensed profession, or a massage establishment, denied for any reason in any state, territory, or jurisdiction? Yes  No

**If you responded "YES", provide the following:**

Documentation of the occurrence, including the final order or other administrative filing which resulted in the denial.

**4. DISCIPLINE HISTORY**

- A. Have you ever had disciplinary action taken against your license or certificate of registration in a disciplinary proceeding in any state, jurisdiction, or territory? Yes  No
- B. Have you ever surrendered a license to practice any health care related profession in any state, jurisdiction, or territory while disciplinary action was pending against you? Yes  No
- C. Is there any pending investigation in any state, jurisdiction, or territory for professional conduct or competence? Yes  No
- D. Have you ever been the defendant in a civil litigation in which the basis of the complaint against you was alleged negligence, malpractice, sexual misconduct, or fraud? Yes  No

E. If you respond “Yes” to any of the questions in this section, complete the following:

Name of Agency	State	Action Date (MM/DD/YYYY)	Final Action	Under Appeal?
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

If you responded “Yes” to any of the questions in this section, you must provide the following:

- A written self-explanation, describing in detail the circumstances surrounding the disciplinary action.
- A copy of the **Administrative Complaint** and **Final Order**.

#### 5. CRIMINAL HISTORY

Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to any crime in any jurisdiction other than a minor traffic offense within the past 5 years? You must include felonies, even if adjudication was withheld.

Reckless driving, driving while license suspended or revoked, driving under the influence (DUI), or driving while impaired (DWI) are not minor traffic offenses for purposes of this question. Yes  No

If you responded “Yes”, complete the following:

Offenses	Jurisdiction	Date	Final Disposition	Under Appeal?
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

If you responded “Yes” in this section, you must provide the following:

- **A written self-explanation**, describing in detail the circumstances surrounding each offense, including date, city, and state, charges and results.
- **Final Dispositions** and **Arrest Records** for all offenses. The Clerk of the Court in the arresting jurisdiction will provide you with these documents. Unavailability of these documents must come in the form of a letter from the Clerk of the Court.
- **Completion of Sentence Documents**. You may obtain documents from the Department of Corrections. The report must include the state date, end date, and that the conditions were met.