

Nevada State Board of Massage Therapy 1755 E. Plumb Lane, Suite 252 Reno, Nevada 89502 Phone (775) 687-9955 Fax (775) 786-4264 http://massagetherapy.nv.gov	New Establishment: <input type="checkbox"/>
	Existing Establishment: <input type="checkbox"/>
	Renewal: <input type="checkbox"/>

Massage Establishment Application

Section 1: Massage Establishment License Application

Business Information	Applicant Information
Business Name _____	First Name _____ Last Name _____
Business Address _____	Previously Used Legal Name(s) _____
City _____ State _____ Zip _____	Home Address _____
Contact Person _____	City _____ State _____ Zip _____
Business Phone _____ Ext _____	Cell Phone _____ Home Phone _____
Business Email _____	Email Address _____

Section 2: Additional Owners / Partners

Name	Address	Phone Number

Section 3: Establishment Features

Number of Massage Rooms: _____	Dry Sauna:	Yes	No	Number: _____
Number of Wet Rooms: _____	Steam Room:	Yes	No	Number: _____
Number of Rest Rooms: _____	Spa/Whirlpool/Pool:	Yes	No	Number: _____
* Please attach your menu of services	Bathtub/Shower:	Yes	No	Number: _____

Section 4: History and Licensing

Have you/your partners ever operated a massage establishment?	Please Circle:	Yes No
Do you/your partners currently hold a Massage Therapy License?		Yes No
Have you/your partners ever had a business or massage license revoked, suspended or denied?		Yes No
Have you/your partners ever been convicted of a crime, except minor traffic violations?		Yes No

If you answered "YES" to any of the questions in Section 4, continue to **Section 5** on reverse.
 If you answered "NO" to all the questions in Section 4, continue to **Section 6**

Section 5: Acknowledgement and Signature

Certification: I declare the above information is true and correct. I understand that any misrepresentations or omissions will be cause for denial of the Massage establishment license.

Signature: _____	Date: _____
Print Name: _____	Title: _____

For NSBMT Use Only

Section 6: Additional Information and Criminal History

Location and dates of operation for all other massage establishments:

Location (City/State)	Business Name	Dates of Operation	
		From:	To:
		From:	To:
		From:	To:
		From:	To:

List all States in which you/your partners have ever been licensed:

Name	State/Jurisdiction	License Number

List and describe reasons for revocation, suspension or denial of massage or business license:

Business Name/Type of License	Location (City/State)	Reason

List all convictions:

Date	Charge	Location of Court (City/State)	Disposition