



Nevada State Board of Massage Therapy

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Phone (775) 687-9955

Fax (775) 786-4264

Website: <http://massagetherapy.nv.gov>

Existing regulations prohibit a person from operating a massage establishment, reflexology establishment or structural integration establishment unless the person has obtained a certificate to operate such an establishment from the Nevada State Board of Massage Therapy (NSBMT). Existing regulations also require the Board to issue the certificate if the applicant submits an application to the Board and complies with all applicable provisions of law. (NAC 640C.083). In addition, an establishment may employ only licensees to perform massage therapy, structural integration, or reflexology. The current establishment certificate along with a current license 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 a copy of your Money Order or Cashier's Check. **Do not send cash. Do not send a personal check. Do not send a business check.** Money order or Cashier's Check only through the mail.

If any of the below is missing, your incomplete renewal will be returned.

- ☐ Did you include a completed Establishment Certificate Application?
- ☐ Did you include your payment (money order or Cashier's Check only) and indicate how many massage and/or reflexology rooms you have at your Establishment?
- ☐ Did you include a copy of your Nevada State business license?
- ☐ Did you include a copy of your local government business license?
- ☐ Did you include a list of your services (menu)?
- ☐ Did you include a photo of the entrance of your establishment?

Please mail your completed application, required documentation and fee (money order or Cashier's Check) to:

Nevada State Board of Massage Therapy

1755 E. Plumb Lane Suite 252

Reno, NV 89502

Electronic application submittal as well as the option to pay the fee through an emailed invoice is available. Please scan your completed application, all required documentation and attach to an email. Send to: bsangregorio@lmt.nv.gov.

Processing of a renewal takes 10 to 15 business days. **Please plan ahead!**

Have questions? Call (or text) Becky: 702-755-0210 or email: bsangregorio@lmt.nv.gov.



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New Establishment: ☐
Renewal: ☐
Certificate Update: ☐

NSBMT Establishment Certificate Application

Section 1: Establishment Application			
Business Information		Business Owner Information	
Business Name (↑ please write above line ↑)		First Name	Last Name
DBA (if applicable)			Birthdate
Address (include suite number if applicable)		Previously Used Legal Name(s)	
City	State	Zip	Business Phone
			Cell Phone
Business Email:		Other Email Address:	

Section 2: Additional Business Owners		
Name	Birthdate	Phone Number

Section 3: Type & Number of Rooms & Fees		
Massage	Structural Integration	Reflexology
Number of Rooms:		Number of Tables or Chairs (if not in a room):
Massage/Structural Integration 1 Room - \$ - 2-7 Rooms - \$ 15.00 8-20 Rooms - \$ 25.00 21-40 Rooms \$ 35.00 40 + Rooms - \$ 50.00		Massage Establishment w/out Rooms & Reflexology Establishments 10 or fewer Chairs or Tables \$ 20.00 More than 10 Chairs or Tables \$ 40.00

Section 4: History and Licensing		
Aside from this establishment, have the owners ever operated a massage business?	Yes	No
Have any of the owners ever had a business or massage license revoked, suspended or denied?	Yes	No

Please attach explanation for a response of "Yes" to the questions above.

Section 5: 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 the owners of this establishment have ever been licensed as a massage therapist:

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 arrests or convictions:

Date	Charge	Location of Court (City/State)	Disposition

Section 6: Acknowledgement and Signature

Certification: I declare that all information on this application is true and correct. I understand that any misrepresentations or omissions will be cause for denial of the Establishment Certificate.

Signature: _____

Date: _____

Print Name: _____

Title: _____

To pay via credit card, please check here. An employee of NSBMT will send additional information to the business email above.

For NSBMT Use Only