



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 Applicatio
- Did you include your payment (money order or Cashier's Check only) and indica
- massage and/or reflexology rooms you have at your Establishment
- Did you include a copy of your Nevada State business licens
- Did you include a copy of your local government business licens
- Did you include a list of your services (menu)
- Did you include a photo of the entrance of your establishme

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

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.



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"/> Renewal: <input type="checkbox"/> Certificate Update: <input type="checkbox"/>
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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	Massage Establishment w/out Rooms & Reflexology Establishments	
1 Room - \$ -		
2-7 Rooms - \$ 15.00		
8-20 Rooms - \$ 25.00	10 or fewer Chairs or Tables	\$ 20.00
21-40 Rooms \$ 35.00	More than 10 Chairs or Tables	\$ 40.00
40 + Rooms - \$ 50.00		

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:
		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