

Massage Establishment Licensure Application  
Attachment 1



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
BUREAU OF HEALTH LICENSURE AND REGULATION  
DIVISION OF HEALTH RELATED BOARDS  
TENNESSEE MASSAGE LICENSURE BOARD  
665 MAINSTREAM DRIVE  
NASHVILLE, TN 37243  
(615) 253-2111 or 1-800-778-4123 ext. 2532111

**OWNERSHIP OR PROCEEDS DISCLOSURES**

I, the undersigned, have been identified as either the applicant, its legal representative or as a person holding an ownership interest in the massage establishment identified below. I am aware of the legal requirements of a lawfully operated massage establishment.

Name of massage establishment: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Your Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Office Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

If licensed as a massage therapist provide license number: \_\_\_\_\_

PLEASE ANSWER THE FOLLOWING QUESTIONS. If you answer **“yes”** to questions (a-e) in this part, **you must supplement your affirmative response with a thorough explanation on a separate page. In support of your explanation, the final document or orders from the issuing states, courts, and/or agencies must be submitted along with this application.** Additional information may be requested and/or required before a licensure decision may be made.

- (a) Have you ever been convicted (including a nolo contendere plea or guilty plea) of a **felony or misdemeanor** whether or not sentence was imposed or suspended? Yes \_\_\_\_\_ No \_\_\_\_\_
- (b) Have you ever applied for or held a license, registration, privilege or certificate in any profession that has ever been denied, reprimanded, suspended, restricted, revoked, otherwise **disciplined**, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action in any jurisdiction including in Tennessee? Yes \_\_\_\_\_ No \_\_\_\_\_
- (c) Have you had any civil lawsuit judgment or civil lawsuit settlement entered against you in which you were a party defendant including, without limitation, actions involving malpractice, breach of contract, antitrust activity or any other civil action remedy recognized under the country's or state's statutory common or case law? Yes \_\_\_\_\_ No \_\_\_\_\_
- (d) Have you **previously applied** for a massage therapist license in Tennessee? Yes \_\_\_\_\_ No \_\_\_\_\_
- (e) Have you **previously applied** for a massage establishment license in Tennessee? Yes \_\_\_\_\_ No \_\_\_\_\_

(f) Do you as the applicant have the ability to read, write, speak and understand English fluently? Yes \_\_\_\_\_ No \_\_\_\_\_

(g) Have you as the applicant read and do you understand the rules and regulations of the Tennessee Massage Licensure Board? Yes \_\_\_\_\_ No \_\_\_\_\_

(h) Do you currently own or have you ever owned a massage establishment? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list all current and former massage establishments you have owned and include the complete address, phone number, and massage establishment license number (if applicable) for each. \_\_\_\_\_

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Please return the completed form to: **Tennessee Massage Licensure Board**  
**665 Mainstream Drive**  
**Nashville, TN 37243**

**I certify that all of the foregoing is true and correct to the best of my knowledge, information and belief.**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**