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, Cashier's Check only through the mail or indicate you want to pay via credit card in Section 6 of the application.

If any of the below is missing, your incomplete application 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 Secretary of State business license?
- ☐ Did you include a copy of your local government (City or County) business license?

Submit your completed application, required documents and request to be invoiced for credit card payment via email to: vetoramirez@lmt.nv.gov

If you prefer to mail in your completed application, required documentation and fee (money order, Cashier's Check, or indicate request to be invoiced for credit card payment) mail to:

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Processing of an application takes 10 to 15 business days. **Please plan ahead!**

Have questions? Call: 775-687-9955 or email: nvmassagebd@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
Physical Address (include suite number if applicable)	Previously Used Legal Name(s)
City / State / Zip	Business Phone / Cell Phone
Mailing Address (if different from Physical Address)	Business Email:
City / State / Zip	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 (not in a room):

Massage/Structural Integration		Massage Establishment without Rooms & Reflexology Establishments	
1 Room	$ 0.00	10 or fewer Chairs or Tables	$ 25.00
At least 2 but not more than 20 rooms	$ 25.00	More than 10 Chairs or Tables	$ 50.00
More than 20 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 last two 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