



Alabama Massage Therapy Licensing Board  
Peggy Sellers Benson, MSN, RN, MSHA, NE-BC  
Executive Officer

RSA Plaza, Suite 250  
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Montgomery, AL 36104

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(334) 230-3999  
1-800-656-5318  
Fax (334) 353-9939

Mailing Address:  
P.O. Box 301011  
Montgomery, AL 36130-1011

## Massage Therapy Establishment Request to Relocate Establishment

**Print and submit worksheet, with ALL required documentation, to:**

**Alabama Massage Therapy Licensing Board  
Attention: Licensing PO Box 301011  
Montgomery, Alabama 36130**

Establishment Name \_\_\_\_\_

Doing Business As \_\_\_\_\_

Current Establishment Address on File with AMTLB

\_\_\_\_\_

New Address of Establishment \_\_\_\_\_

Business/Office Phone \_\_\_\_\_

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

Physical Address \_\_\_\_\_

Owner Address \_\_\_\_\_

Name of Entity Possessing Right to Occupy Premises

\_\_\_\_\_

Owner Completing Application:

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

DOB: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Alabama Massage Therapist License Number (if applicable): \_\_\_\_\_

**Licensed Massage Therapist Designee to ensure establishment's compliance with state law and all administrative rules:**

**Name** \_\_\_\_\_ **License Number** \_\_\_\_\_

	<b>Deed, lease, or other document establishing lawful possession of the new location in the name of the sole proprietor, corporation, limited liability company, or partnership holding the massage therapy establishment license.</b>
	<b>Documentation proving that the establishment either has vacated the prior location or is required to vacate the prior location by a date-certain within sixty (60) days of the request.</b>
	<b>Insurance – proof of coverage</b>

