



Alabama Massage Therapy Licensing Board

RSA Plaza, Suite 250
770 Washington Ave.
Montgomery, AL 36104

www.almtbd.alabama.gov
(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:

BMTLicensing@amtlb.alabama.gov

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** _____

	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.
	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.
	Insurance – proof of coverage

