Oregon Board of Massage Therapists

748 Hawthorne Ave. NE
Salem, OR 97301
(503) 365-8657 fax (503) 385-4465

Facility Permit Transfer Application

Fee is $ 250.00

Facility Information

Legal Name: _____

State Tax ID: _____

Is the facility already open? (If so include the facility open date)

___ No
___ Yes . . . . . facility open Date: _____

Ownership:

___ Sole Proprietorship
___ Partnership
___ Corporation/LLC . . . . . State of incorporation: _____
___ Other . . . . . Explanation: _____

Former Name(s) (if applicable): _____

Manager Name: _____

Phone #: _____ Fax #: _____

Email Address: _____

Physical Address

Street: _____

_____

City: _____ State: _____ ZIP: _____

Mailing Address

Street: _____

_____

City: _____ State: _____ ZIP: _____

Name of former owner(s) (if applicable): _____

Owner Information (Copy and complete this page for each owner)

Title: _____ Active in running the establishment? ____ Yes ____ No

Name: _____

Email Address: _____

Phone: _____

Address: _____

List any Health Professional Licenses, including the state of issue, the owner(s) hold

_____

_____

Has any license, credential, or certificate of any kind been denied, revoked or suspended? Have you worked in a facility whose credential, license, or certificate has been denied, revoked or suspended? Or does this facility or any prior facility where you have worked have any pending regulatory issues? If yes, include the date and facts on a separate sheet.

_____

List all massage facilities that you have owned or operated in any capacity.

_____

If you have ever been convicted of a felony or a misdemeanor other than a minor traffic offense, please list the offence, date of occurrence, court, punishment, and any pertinent information.

_____

_____

I hereby certify that the information submitted on or relating to this form is true and correct and grant the Board permission to check civil or criminal records to verify any statement made on this application. The Board may revoke any permit upon evidence that the applicant knowingly made any false statements in the application. I understand that providing incomplete or inaccurate information **WILL** result in a delay of my facility permit application and may result in denial of permit or disciplinary action by the Board.

_____ _____

Signature Date