



## Oregon Board of Massage Therapists

610 Hawthorne Ave. SE, Suite 220

Salem, OR 97301

Phone: (503) 365-8657 Fax: (503) 385-4465

### Facility Permit and Facility Permit Transfer Application Checklist

- Completed Facility Application Form
- Copy of Facility's Oregon Secretary of State Business Registration Verification  
*May be obtained by visiting [http://egov.sos.state.or.us/br/pkg\\_web\\_name\\_srch\\_inq.login](http://egov.sos.state.or.us/br/pkg_web_name_srch_inq.login)*
- Copy of any permit or license issued by another agency or office (i.e., Board of Cosmetology, City License, etc.)
- Completed Owner Information Form *for each Owner*
- Copy of *each Owner's* Government Issued I.D.
- If owner is a business, corporation, or partnership:
  - Copy of Owner's Business Registration Verification
  - Copy of Articles of Incorporation, Organization, or Shareholder Agreements showing ownership of Owner.
  - Copy of Government Issued ID for each partner, manager, incorporator, and officer.

### Additional Documents Required Required for Ownership Transfer and Name Change (For Facility Permit Transfer Applications Only):

- Copy of Buy-Sell Agreement, Purchase Agreement, Transfer Agreement, Lease Agreement or other documentation verifying transfer of legal ownership or name change of the Facility.



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## Facility Permit Transfer Application

**Transfer Fee: \$250.00**

Facility Information		
Facility Legal Name:		OBMT Permit No.:
Assumed Business Name if Different ( <i>As filed with Secretary of State, Corporation Division</i> ):		Corporation Division Registry No.:
Affiliated/Former Name(s) of Facility ( <i>if applicable</i> ):		Continued association with Facility? <input type="checkbox"/> Yes <input type="checkbox"/> No Capacity: _____
Facility Physical Address:		Phone No.:
City:	State:	Zip:
Facility Mailing Address ( <i>if Different</i> ):		
City:	State:	Zip:
Facility Website:		
Name of Former Owner(s):		
New Authorized Representative:	Title:	Phone No.:
Is the facility currently in operation? <input type="checkbox"/> No: <i>Expected Opening Date:</i> _____ <input type="checkbox"/> Yes: <i>Facility Open Date:</i> _____		
Ownership: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation/LLC - State of Incorporation: _____ Other: _____		
Does this facility, owner, employees, or any affiliated facility have any past discipline or pending regulatory issues? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, include the date and facts on a separate sheet.</i>		
REQUIRED: Attach copies of any purchase agreements, buy/sell agreements, Secretary of State registration documents, and other documentation demonstrating transfer of ownership of the Facility.		

## Oregon Laws and Rules Related to Facility Permits

Please read each of the following Oregon Revised Statutes (ORS) and Oregon Administrative Rules (OAR) related to operating a massage facility in Oregon. Initial where indicated to confirm that you have read and fully understand each requirement. *Please Note: I understand that it is the responsibility of all owners, operators, and employees of the Facility Permits to be familiar with and comply with all Oregon Laws and Rules related to the practice of massage and operation of facilities.* \_\_\_\_\_ (Initial)

<p><b>ORS 687.059 Massage facilities; fees; rules.</b>                  (2) A massage facility for which a person has been issued a permit under this section may provide massage therapy only through the use of massage therapists licensed under ORS 687.051.</p>	Initial: _____
<p><b>ORS 687.081 Grounds for denial, suspension or revocation of, or refusal to renew, license or permit; probation; civil penalties; complaint investigation.</b>                  (1) The State Board of Massage Therapists may revoke a permit to operate a massage facility and issue a reprimand to or censure or place on probation a permittee, if the person: (a) Has violated a provision of ORS 687.011 to 687.250, 687.895 and 687.991 or any rule of the board adopted under ORS 687.121.</p>	Initial: _____
<p><b>OAR 334-020-0005 Facilities and Sanitation</b>                  (1) Permanent and Mobile structures:                  (a) All permanent structures and mobile facilities where a LMT routinely conducts massage and bodywork must:                      (A) Be established and maintained in accordance with all local, state and federal laws, rules &amp; regulations;                      (B) Obtain a facility permit to operate; (i) notify the Board office in writing, within 30 days of relocating the facility;                          (ii) keep posted and visible to the public, the facility permit with the correct location address.</p>	Initial: _____
<p><b>OAR 334-040-0010</b>  <b>The Board may deny, conditionally grant, restrict, suspend or revoke a license or permit, impose probation, reprimand, censure, impose remedial education or corrective actions, and/or impose a civil penalty for any of the following reasons:</b>                  (8) Allowing the use of a license by an unlicensed person;                  (12) Assisting, employing, or permitting an unlicensed person to practice massage;                  (17) Failing to keep the equipment and premises of the massage establishment in a clean and sanitary condition as required by rules of the Board;                  (19) Failing to cooperate with the Board in any licensing action or disciplinary proceeding, including but not limited to:                      (a) Failure to furnish any requested papers or documents                      (b) Failure to provide in writing a full and complete explanation covering the matter contained in the complaint filed with the Board                  (20) Failing to comply with an order issued by the Board.                  (25) Unprofessional or dishonorable conduct which includes but is not limited to:                      (a) Any conduct involving inappropriate physical contact or sexual misconduct                      (b) Violating the client's rights of privacy, and confidentiality                      (f) Any conduct or practice which could endanger the health or safety of a client or the public.</p>	Initial: _____

By my signature below, I hereby certify that I am an authorized representative of the Facility, and that the information submitted on or relating to this form is true and correct and grant the Board permission to verify any statement made on this application. I understand that the Board may **revoke** any permit upon evidence that the applicant knowingly made any false statements in this application. I understand that providing incomplete or inaccurate information **WILL** result in a delay of issuance of a permit, and may result in disciplinary action by the Board. I understand that it is the Facility's responsibility to notify the Board immediately if the status of any information contained in this application changes, including, but not limited to: name and contact information, disciplinary actions, and civil, criminal or ethical allegations or actions. Failure to do so may be grounds for denial of my application or revocation of my license, once issued.

*It is further understood that the Facility is not authorized to provide massage services for any form of compensation in Oregon until my license has been issued and received.*

\_\_\_\_\_  
 Signature of Authorized Representative

\_\_\_\_\_  
 Date

Title: \_\_\_\_\_

## Owner Information

(Copy and complete this page for each owner)

Legal Name:		Active in operating Facility? <input type="checkbox"/> Yes <input type="checkbox"/> No Title: _____
Mailing Address:		Phone No.:
City:	State:	Zip:
Email Address:		
List any Health Professional Licenses, including the license number and state of issue, you hold:		
List all massage facilities that you have owned or operated in any capacity. Include name(s) of each facility, and dates you owned or operated the facility. Attach additional sheets if necessary.		
Please read each of the following questions <b>completely</b> . You must answer each question "yes" or "no", whichever is true. <b>Any FALSE STATEMENT knowingly made in this application is grounds for revocation or suspension of the permit.</b> If in doubt, disclose and explain rather than conceal. If you answer 'no' to question 4 based upon an "expungement", order "setting aside" or "sealing" of a record of a conviction or conditional discharge (diversion) you must personally verify with the court directly involved that the expungement, setting aside or sealing actually has taken place. An erroneous belief that a conviction has been expunged, set aside or sealed, when in fact it has not, will be deemed a false statement.		
No.	Character & Fitness Questions	Yes/No
1.	Have you <b>EVER</b> been required to register as a sex offender?	
2.	Have you <b>EVER</b> been investigated, disciplined or denied licensure by this or <b>any</b> other governmental licensing agency?	
3.	Have you <b>EVER</b> surrendered <b>any</b> professional license in any State, territory or jurisdiction?	
4.	Have you <b>EVER</b> been arrested, charged, pled no contest or guilty to, or convicted of: (a) any felony; (b) misdemeanor; or (c) any major traffic violation, such as: driving under the influence of intoxicants or drugs? Arrests or violations <b>MUST BE REPORTED</b> even if you received diversion, the case was dismissed, etc. If "Yes" please list the offense, date of occurrence, court, punishment, and any pertinent information.	
<p>By my signature below, I hereby certify that I am an authorized representative of the Facility, and that the information submitted on or relating to this form is true and correct and grant the Board permission to verify any statement made on this application. I understand that the Board may <b>revoke</b> any permit upon evidence that the applicant knowingly made any false statements in this application. I understand that providing incomplete or inaccurate information <b>WILL</b> result in a delay of issuance of a permit, and may result in disciplinary action by the Board. I understand that it is the Facility's responsibility to notify the Board immediately if the status of any information contained in this application changes, including, but not limited to: name and contact information, disciplinary actions, and civil, criminal or ethical allegations or actions. Failure to do so may be grounds for denial of my application or revocation of my license, once issued.</p> <p><i>It is further understood that the Facility is not authorized to provide massage services for any form of compensation in Oregon until my license has been issued and received.</i></p>		
<hr style="border: none; border-top: 1px solid black; width: 100%;"/>		<hr style="border: none; border-top: 1px solid black; width: 100%;"/>
Signature		Date