Facility Permit Customer No:_____

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

☐ Payment of Facility Permit Application Fee

☐ 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

☐ 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 Application

Application Fee: $270.00

Facility Information		
Facility Legal Name:		State Tax ID:
Assumed Business Name if Different *(As filed with Secretary of State, Corporation Division)*:		Corporation Division Registry No.:
Affiliated or Former Name(s) ***and*** Former Owners *(if applicable):*		
Facility Physical Address:		Phone No.:
City:	State:	Zip:
Facility Mailing Address *(if Different)*:		
City:	State:	Zip:
Facility Website:		
Facility Email *(Where Facility Permit will be sent)*:		
Authorized Representative:	Title:	Best Contact Information:

Is the facility already open?

☐ No: *Expected Opening Date:* _____ ☐ Yes: *Facility Open Date*:_____

Other Permits issued to the Facility *(i.e, Cosmetology, Electrologist, City License, etc.)* Please attach a copy of the permit/license:

_____

Ownership:

☐ Sole Proprietorship ☐ Partnership ☐ Corporation/LLC - State of Incorporation: _____

Does this facility, any prior facility, or any affiliated facility have any past discipline or pending regulatory issues?

☐ No ☐ Yes *If yes, include the date and facts on a separate sheet.*

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)*

ORS 687.059 Massage facilities; fees; rules. (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.	Initial: _____
ORS 687.081 Grounds for denial, suspension or revocation of, or refusal to renew, license or permit; probation; civil penalties; complaint investigation. (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.	Initial: _____
OAR 334-020-0005 Facilities and Sanitation (1) Permanent and Mobile structures: (a) All permanent structures and mobile facilities where the practice of massage and bodywork is routinely conducted must:: (A) Be established and maintained in accordance with all local, state and federal laws, rules & regulations; (B) Obtain a facility permit to operate; (i) notify the Board office, in writing and within 30 days of change of location, ownership, or operation status of the massage facility; (ii) keep posted and visible to the public, the facility permit with the correct location address.	Initial: _____
OAR 334-040-0010 **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:** (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) Failing to provide requested documents; (c) Failure to respond to Subpoenas; (d) and (e) failure to cooperate in investigations. (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.	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 of 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 Owner/Authorized Representative Date

Printed Name:_____

Owner Information

(to include member, partner, stakeholder, or other interested party of parent corporation, LLC, etc.)

(Complete one page for each owner/individual as needed)

Legal Name:		*Are you Active in operating Facility?* ☐ Yes ☐ 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 **completely. You must answer each question "yes" or "no"**, whichever is true. For All "Yes" answers: a brief narrative written statement, describing what happened, when it happened, and the final outcome is required, together with any supporting agency, court, law enforcement, or other authority documentation. **Any *FALSE STATEMENT* knowingly or recklessly made in this application is grounds for revocation or suspension of the permit.** If in doubt, disclose and explain rather than conceal. ***Please Note:*** Under Question 2: all investigations are to reported, regardless of the outcome or if disciplinary action was taken by a licensing agency; Under Question 4: all arrests or convictions, regardless of final resolution must be reported, excepting only juvenile court matters.

No.	Background Information Questions	Yes/No
1.	Have you **EVER** been required to register as a sex offender?	
2.	Have you **EVER** been investigated, disciplined or denied licensure by this or **any** other governmental licensing agency?	
3.	Have you **EVER** surrendered **any** professional license in any State, territory or jurisdiction?	
4.	Have you **EVER** 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 MUST BE REPORTED even when the arrest or conviction was dismissed, diverted, etc. If "Yes" please a list the offense, date of occurrence, court, punishment, and any pertinent information.	

By my signature below,

- I hereby certify that I am an Owner, Manager, Partner, or other interested party in 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 of 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.
- *It is further understood that the Facility is not authorized to provide massage services for any form of compensation in Oregon until the permit has been issued and received.*

_____ _____

Signature Date