



MESSAGE THERAPY ESTABLISHMENT RENEWAL NOTICE

THIS IS THE ONLY NOTICE YOU WILL RECEIVE

Division of Public Health – Licensure Unit
P.O. Box 94986 - Lincoln, NE 68509
Telephone: (402) 471-4918 Rita Watson
rita.watson@nebraska.gov

YOUR LICENSE TO OPERATE A MESSAGE THERAPY ESTABLISHMENT EXPIRES 11/1/2011.

FEE NOW DUE: \$127.00 LICENSE #: _____

Name of Establishment:	
Name of Owner	
Address (street/PO)	
City, State, Zip	

**Make fee payable to:
'Licensure Unit'**

**PLEASE RETURN THIS
NOTICE WITH YOUR FEE**

**TWO-YEAR RENEWAL
11/01/11 to 11/01/13**

EXPIRATION & ADMINISTRATIVE PENALTY: If this renewal notice and the renewal fee are not submitted in person or **POSTMARKED** on or before **November 1, 2011**, YOUR ESTABLISHMENT LICENSE **WILL EXPIRE**. If your license **EXPIRES** you are not authorized to continue to operate.

NOTICE: An individual who operates an establishment after the expiration of the establishment license is subject to an administrative penalty of \$10 per day up to \$1,000 or such other action as provided in the statutes and regulations governing the license.

Establishment Information:

You must complete the following:

Telephone #: _____

Did the name of your establishment change?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, print the new name below:
	yes	no	

Change in Location: If you have moved to a different location, you can not renew this license. A new application, fee of \$127.00, sketch of the establishment, and a completed self-inspection form must be submitted before we can issue you a new license to operate at the new location.

Change in Owner: If the owner has changed, you can not renew this license. A new application, fee in the amount of \$127.00, sketch of the establishment, and a completed self-inspection form must be submitted before a new license to operate will be issued.

Establishment Closed: If you have closed your establishment or plan to close your establishment in the near future, print the date of closing. (Our records will be updated accordingly) A renewal fee is not required to close an establishment if such occurs before 11/1/11:

Date closed/closing: _____

ATTESTATION (All applicants must complete the following information)

I hereby state that I am the person making application, I am of good character, and the statements on this application are true and complete.

If the applicant is a **sole proprietorship** for the purpose of complying with Neb. Rev. Stat. §4-108 through 4-114, the applicant must attest as follows:

- I am a citizen of the United States.
- I am a qualified alien under the Federal Immigration and Nationality Act.

My immigration and alien number are as follows: _____ and I agree to **attach a copy** of my USCIS documentation, which includes one of the following:

- A Green Card, otherwise known as a Permanent Resident Card (Form I-551);
- Unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
- Alien Registration Number (A#) - An Employment Authorization Card is **NOT** acceptable; or
- Form I-94 (Arrival-Departure Record).

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete and accurate and I understand that this information may be used to verify my lawful presence in the United States.

The renewal application must be signed by the individual(s) indicated below (place a check mark in the appropriate box) and dated:

- 1. The owner or owners if the applicant is a sole proprietorship, a partnership, or a limited 1 liability company that has only one member;
- 2. Two of its members if the applicant is a limited liability company that has more than one member;
- 3. Two of its officers if the applicant is a corporation;
- 4. The head of the governmental unit having jurisdiction over the business if the applicant is a governmental unit; or
- 5. If the applicant is not an entity described in 1 through 4 above, the owner or owners or, if there is no owner, the chief executive officer or comparable official.

HAVE YOU PREVIOUSLY HELD A MASSAGE THERAPY ESTABLISHMENT LICENSE IN NEBRASKA? IF YES, IDENTIFY THE NAME AND LOCATION:

NAME: _____ LOCATION: _____ (street)
_____ (city)

Signature of Owner date _____

Signature of Owner date _____

Social Security Number (SSN):

If you are the sole owner of the establishment, you **must** list your Social Security Number _____

More than 1 owner: If more than 1 person owns the establishment, list the name of each person in control of the business:

* (Telephone Number/Fax Number) optional

* (E-mail Address) optional

***If you provide us with this information, we may be able to resolve any problem with your renewal more quickly.**