DEPT. OF HEALTH AND HUMAN SERVICES

Division of Public Health – Licensure Unit
P.O. Box 94986 - Lincoln, NE 68509
Telephone: (402) 471-4970
dhhs.licensure2117@nebraska.gov

MASSAGE THERAPY ESTABLISHMENT RENEWAL NOTICE

TWO-YEAR RENEWAL 11/01/2017 to 11/01/2019

THIS IS THE ONLY RENEWAL NOTICE YOU WILL RECEIVE

YOU CAN ALSO RENEW ON-LINE AT: **https://nebraska.mylicense.com**

YOUR LICENSE TO OPERATE A MASSAGE THERAPY ESTABLISHMENT EXPIRES 11/1/2017.

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

EXPIRATION AND ADMINISTRATIVE PENALTY FEE: If this renewal notice and the renewal fee are not submitted or **POSTMARKED** on or before **NOVEMBER 1, 2017**, your establishment license **WILL EXPIRE**. If your license **EXPIRES**, you are **NOT** authorized to continue operating your establishment; you must apply for a new license and receive the license before operation resumes.

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: (All applicants must complete the following information)			
Telephone #:			
Did the name of your establishment change?	☐ Yes	☐ No	If yes, print the new name:

OWNER OR LOCATION CHANGE: IF THE OWNER OR THE LOCATION of the establishment HAS CHANGED, you CANNOT renew this license so DO NOT send the renewal fee. A new establishment application, initial license fee of $127, and self-inspection is required. You must contact this office for a new establishment application or you can print the application at: **http://dhhs.ne.gov/publichealth/pages/crlMTEstabAppsReqsFees.aspx**

Is the owner listed above correct? **(NOTE**: establishments owned by corporations or LLC's show the corporate or LLC name ONLY**)**	☐ Yes	☐ No	If no, print the name of the owner:
Is the address listed above correct?	☐ Yes	☐ No	If no, print the correct address:

IMPORTANT: If an address "correction" is needed, please state that the change is a "correction" verifying that a change of location has NOT occurred.

ESTABLISHMENT CLOSED OR CLOSING:	
If you have closed your establishment or plan to close your establishment in the near future, print the date of closing:	Date:

(CONTINUED ON NEXT PAGE)

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. I further state:

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

SOLE OWNER:

If the applicant is a sole owner/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.

OR

☐ I am a qualified alien under the Federal Immigration and Nationality Act.

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

- Alien Registration Receipt Card (Form I-551, otherwise known as a 'Green Card');
- Unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport; 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.

Signature of the owner or owners if the applicant is a sole proprietorship, a partnership, or a limited 1 liability company that has only one member;

____ ____

Salon Owner Signature Date

Social Security Number (SSN):

If you are the sole owner of the salon, you **must** list your Social Security 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.**

MORE THAN ONE OWNER:

☐ 1. Two of its members if the applicant is a limited liability company that has more than one member;

☐ 2. Two of its officers if the applicant is a corporation;

☐ 3. The head of the governmental unit having jurisdiction over the business if the applicant is a governmental unit; or

☐ 4. 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.

Signature(s):

____ ____

____ ____

____

Date