



Division of Public Health – Licensure Unit
 P.O. Box 94986 - Lincoln, NE 68509
 Telephone: (402) 471-4920
 garrett.packett@nebraska.gov

MESSAGE THERAPY ESTABLISHMENT RENEWAL NOTICE

TWO-YEAR RENEWAL 11/01/2015 to 11/01/2017

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 MESSAGE THERAPY ESTABLISHMENT EXPIRES 11/1/2015.

FEE NOW DUE: \$127.00

LICENSE #: _____

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

**PLEASE RETURN
 THIS NOTICE WITH
 YOUR FEE**

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

EXPIRATION AND ADMINISTRATIVE PENALTY FEE: If this renewal notice and the renewal fee are not submitted or **POSTMARKED** on or before **NOVEMBER 1, 2015**, 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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/crl_mhcs_mass_apps.aspx

Is the owner listed above correct? (NOTE: establishments owned by corporations or LLC's show the corporate or LLC name ONLY)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, print the name of the owner:
Is the address listed above correct?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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:

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

SOLE OWNER:

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:

- 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;

Establishment Owner Signature

Date

Social Security Number (SSN):

If you are the sole owner of the establishment, 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:

- 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.

Signature(s):

Date

Date