

RENEWAL NOTICE

MESSAGE THERAPY ESTABLISHMENT

Fee Now Due: **\$127.00**
LICENSE EXPIRES 11/1/2021

THIS IS THE ONLY RENEWAL NOTICE YOU WILL RECEIVE

LICENSE #: _____

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

Make fee payable to: 'Licensure Unit'
YOU MUST RETURN THIS NOTICE WITH YOUR FEE

Online License Renewal: You may renew your license online at dhhs.ne.gov/renew. To register online, you will need your license number, your facility registration # (contact our office for this number), and a credit or debit card with a MasterCard or Visa logo.

Fail to Submit Renewal by Expiration Date: If you fail to submit a completed renewal by the expiration date, your license expires. If your license **EXPIRES**, you are **NOT** authorized to continue operating your establishment; you must apply for a new establishment license and receive the license before operating. **If you operate without an active license**, an administrative penalty of \$10 per day up to \$1,000 will be assessed for each day of operation and additional discipline may be taken.

ESTABLISHMENT INFORMATION:

1.	Telephone #:		
2.	Name of Establishment: 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 establishment license so **DO NOT** send the renewal fee. A new establishment application, initial license fee of \$127, and self-inspection is required. You can print the application at: <https://dhhs.ne.gov/licensure/Pages/Message-Therapy-Establishments-and-Schools.aspx>

3.	Owner: 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:
4.	Address: 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 your establishment has closed or you plan to close your establishment in the near future, print the date of closing:

Date: _____

ATTESTATION:

SOLE OWNER: If you are the Sole Owner of the establishment, you must complete this section:

I attest that I am the person making application, and the statements on this application are true and complete. For the purpose of complying with Neb. Rev. Stat. §4-108 through 4-114, **if the owner is a sole owner**, you must attest as follows:

- I am a **citizen** of the United States.
- I am **not** a citizen of the United States. I am a qualified alien under the federal Immigration and Nationality Act, or a non-immigrant lawfully present in the United States, with documentation such as a permanent resident card, I-94 document, asylum, etc.
- I am **not** a citizen of the United States. I have an unexpired Employment Authorization Document (EAD) and documentation listed under the Federal REAL ID act, such as DACA, pending asylum, pending refugee, etc.

Social Security Number: If you are **the sole owner of the establishment**, you must list your social security number below.

Social Security Number: _____

Signature of Owner: _____

Date: _____

If the owner is **NOT a US citizen**, the owner must submit a copy of his or her lawful presence document.

PARTNERSHIP, LIMITED LIABILITY COMPANY, CORPORATION, GOVERNMENTAL UNIT: If you

are NOT a Sole Owner, you must complete this section:

I attest that I am the person(s) making this renewal application and the statements on this application are true and complete. Place a check mark in the appropriate box below and the application must be signed and dated:

- 1. The owners if the applicant is a partnership (all partners must sign) OR the owner if the applicant is a limited 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.
- 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 of Owner: _____

Date: _____

Signature of Owner: _____

Date: _____

We will process your renewal as quickly as possible, but it may take up to a week if no additional documentation is required. You can check your renewal status at: dhhs.ne.gov/lookup. When the expiration date changes, that means your license has been renewed, and you can print your wallet card. We will contact you if additional documentation is needed. We cannot renew your license until we have ALL of the required documentation.

We no longer print renewal cards. You can print your wallet card at dhhs.ne.gov/lookup.