

## **MOBILE MASSAGE THERAPY ESTABLISHMENT INFORMATION**

**LICENSURE UNIT**  
301 CENTENNIAL MALL SOUTH  
P.O. BOX 94986  
LINCOLN, NE 68509-4986

**Effective May 30, 2019, Nebraska statutes offer a Mobile Massage Therapy Establishment license.** A Mobile Massage Therapy Establishment means a self-contained, self-supporting, enclosed mobile unit licensed under the Massage Therapy Practice Act as a mobile site for the performance of the practices of massage therapy by persons licensed under the act.

### **REQUIREMENTS:**

- (1) The proposed establishment is a self-contained, self-supporting, enclosed mobile unit;
- (2) The establishment has an automobile insurance liability policy which meets the requirements of the department for the mobile unit;
- (3) The establishment is clearly identified as such to the public by a sign placed on the outside of the establishment which includes the establishment's license number;
- (4) The establishment complies with the sanitary requirements of the Massage Therapy Practice Act and 172 NAC 82 regulations relating to establishments.
- (5) The entrance into the proposed establishment used by the general public provides safe access by the public;
- (6) The proposed establishment has at least 44 square feet of floor space. If more than one practitioner is to be employed in the establishment at the same time, the establishment must contain an additional space of at least 50 square feet for each additional practitioner; and
- (7) The proposed establishment includes a functional sink and toilet facilities and maintains an adequate supply of clean water and wastewater storage capacity.

**APPLICATION:** To apply for a mobile massage therapy establishment license, you must submit:

1. A completed application.
2. A copy of the establishment's automobile insurance liability policy.
3. A detailed floor plan or blueprint of the proposed establishment which shows the square footage of the mobile unit, entrance, locations of the sink and toilet, and any other rooms within the unit.
4. A picture of the establishment's sign.
5. \$127 application fee. (credit or debit cards are not accepted)
6. The self-inspection report.

**APPLICATION REVIEW:** If the application is approved, a certificate of consideration will be issued to operate a mobile establishment pending an operation inspection by the DHHS Inspector within 6 months. An establishment passes the inspection will be issued a permanent license. If the establishment fails the inspection, the owner must submit, within 15 days, proof of corrective action taken to fix the deficiencies. If proof is not submitted within 15 days or if after a second inspection the establishment does not receive a satisfactory rating, the establishment must immediately give up its certificate of consideration and stop operation.

**Mobile establishment licenses issued are in effect solely for the owner** or owners and the mobile unit named thereon and must expire automatically upon any change of ownership or mobile unit. An original application for licensure must be submitted and approved before such establishment may reopen for business.

**Mobile establishment licenses expire November 1, of odd-numbered years.**

**LICENSE MAINTAINENCE REQUIREMENTS:**

To continue to maintain the mobile establishment license, the establishment must meet the following:

- (1) The establishment owner or his or her agent must notify the department of any change of ownership, name, or office address and if an establishment is permanently closed;
- (2) No establishment can permit any unlicensed person to perform any of the practices of massage therapy within its confines or employment;
- (3) The establishment must display a name upon, over, or near the entrance door distinguishing it as a mobile massage therapy establishment;
- (4) The establishment must permit any duly authorized agent of the department to conduct an operation inspection or investigation at any time during the normal operating hours of the establishment, without prior notice, and the owner and manager must assist the inspector by providing access to all areas of the establishment, all personnel, and all records requested by the inspector;
- (5) The establishment must display in a conspicuous place the following records:
  - (a) The current license or certificate of consideration to operate an establishment.
  - (b) The current licenses of all persons licensed under the act who are employed by or working in the establishment.
  - (c) The rating sheet from the most recent operation inspection.
- (6) At no time can an establishment employ more employees than permitted by the square footage requirements of the Massage Therapy Practice Act;
- (7) No massage therapy services may be performed in an establishment while the establishment is moving. The establishment must be safely and legally parked in a legal parking space at all times while clients are present inside the establishment. An establishment must not park or conduct business within 300 feet of another brick and mortar licensed massage therapy establishment. The department is not responsible for monitoring for enforcement of this subdivision but may discipline a license for a reported and verified violation;
- (8) The owner of the establishment must maintain a permanent business address at which correspondence from the department may be received and records of appointments, license numbers, and vehicle identification numbers must be kept for each establishment being operated by the owner. The owner must make such records available for verification and inspection by the department; and
- (9) The establishment must not knowingly permit its employees or clients to use, consume, serve, or in any manner possess or distribute intoxicating beverages or controlled substances upon its premises.

Licensure Unit  
 P.O. Box 94986  
 Lincoln, Nebraska 68509-4986  
 Telephone: 402-471-2299  
 E-mail: [dhhs.RehabOffice@nebraska.gov](mailto:dhhs.RehabOffice@nebraska.gov)

**MOBILE MASSAGE THERAPY ESTABLISHMENT  
 APPLICATION**

**FEE: \$127**

**OR \$31.75 (if issued between May 1st and November 1st of the ODD numbered years)**

Make payable to: LICENSURE UNIT

PLEASE PRINT OR TYPE

**SECTION A: MOBILE ESTABLISHMENT INFORMATION**

1	Name of Establishment:			
2	Establishment Telephone #:			
3	Number of Licensees to be Working at the Establishment at the Same Time:			
4	Anticipated Operation Date:		List the Total square feet of floor space:	
Please allow 30 days prior to the opening date for processing				

**SECTION B: OWNER INFORMATION**

**Check the type of owner of this business:**

<input type="checkbox"/> Sole Proprietorship (sole owner)	<input type="checkbox"/> Corporation
<input type="checkbox"/> Partnership	<input type="checkbox"/> Governmental Unit
<input type="checkbox"/> Limited 1 liability company that has only one member	<input type="checkbox"/> Other: Identify Type _____
<input type="checkbox"/> Limited liability company that has <b>more than</b> one member	

**If the establishment is owned by a sole owner or partnership, complete this section**

**SOLE OWNER OR PARTNERSHIP:**

1	Full name of the Business Owner(s) or Partners:			
2	Address of the Business Owner(s):	Street/PO/Route:		
		City:	State:	Zip:
3	If the applicant is a <b>sole owner</b> , identify the social security number of the owner		SS #:	
Neb. Rev. Stat. §§38-123 and 38-130 requires you to provide your social security number to DHHS. Although your number is not public information, DHHS may share your social security number for child support enforcement or other administrative purposes and provide it to the Department of Revenue or the Department of Labor.				
4	Business Phone #: (optional)*		Owner/Business E-Mail Address: (optional)*	
* phone number and e-mail is optional, but providing this information will speed up communication with you				

**If the establishment is owned by a corporation, limited liability or government unit, complete this section  
CORPORATION OR LIMITED LIABILITY COMPANY OR GOVERNMENT UNIT:**

1	Name of Corporation, LLC, or Government Unit:					
2	Mailing address of the Business Owner(s) or corporate office.		Street/PO/Route:			
			City:	State:	Zip:	
3	Federal Identification Number (FIN or EIN required in the event a refund is warranted)		FIN (EIN) #:			
4	Business Phone #: (optional)		Business Fax # (optional)		Owner/Business E-Mail Address: (optional)	
5	Name of each Person in Control of the Business (if space is not adequate, attach additional sheet)					

**SECTION C: OPERATE PRIOR TO LICENSING**  
An individual who operates a mobile establishment prior to issuance of a license is subject to assessment of 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.

1	Have <b>YOU</b> operated this mobile establishment in Nebraska prior to this application for a license?  <b>If you answer yes,</b> list the number of days you operated the mobile establishment:	<input type="checkbox"/> Yes <input type="checkbox"/> No
		# of days: _____

**SECTION D: APPLICATION ATTESTATION and SIGNATURE**

**If you are the SOLE OWNER OF THE ESTABLISHMENT, you must complete the following:**

For the purpose of complying with Neb. Rev. Stat. §§4-108 through 4-114 (check **ONE** of the boxes below), I attest that:

I am a **citizen** of the United States;

**OR**

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

I am a **nonimmigrant** lawfully present in the United States.

Check this box if you are **NOT a citizen** of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act.

**NOTE:** You may still be eligible for a credential if you provide a photocopy of your unexpired Employment Authorization Document (EAD) and evidence of meeting section 202(c)(2)(B)(i) through (ix) of the Federal REAL ID Act of 2005.

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.

**SECTION D: APPLICATION ATTESTATION and SIGNATURE - continued**

**ALL APPLICANTS MUST COMPLETE THE FOLLOWING**

**This application must be signed by the individual(s) listed below and dated:**

1. By the sole owner, partners or the only member of a limited liability company that has only one member.
2. Limited Liability Company: by 2 of its members
3. Corporation: by 2 of its officers
4. Governmental unit having jurisdiction over the business: by the head of the 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/Representative as listed above

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner/Representative as listed above

\_\_\_\_\_  
Date

**SELF-INSPECTION REPORT  
Massage Therapy Mobile Establishment**

**LICENSURE UNIT**

P.O. BOX 94986 - LINCOLN, NEBRASKA 68509

(402) 471-2299 E-mail: [DHHS.RehabOffice@nebraska.gov](mailto:DHHS.RehabOffice@nebraska.gov)

Name and Address:			
Establishment Name:			
Owner's Address:			
Owner Name:		Telephone #:	
List the Name of Each Massage Therapist and License #		Lic #	License Current?
Name:			<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no

**Inspection:**

Section	Met	Not Met	Inspection Areas
<b>1 Physical Structure:</b>	<input type="checkbox"/>	<input type="checkbox"/>	a. The establishment is a self-contained, self-supporting, enclosed mobile unit.
	<input type="checkbox"/>	<input type="checkbox"/>	b. All rooms must have adequate lighting and ventilation.
	<input type="checkbox"/>	<input type="checkbox"/>	c. The establishment has an area that can be screened from public view for customers requesting privacy.
	<input type="checkbox"/>	<input type="checkbox"/>	d. Each room where massage therapy services are provided has an EPA registered disinfectant that is proven effective against HIV-1, or Hepatitis B, or is a Tuberculocidal, and has liquid soap and water or an instant sanitizer.
<b>2 Water:</b>	<input type="checkbox"/>	<input type="checkbox"/>	The establishment maintains an adequate supply of clean water and wastewater storage capacity.
<b>3 Safety:</b>	<input type="checkbox"/>	<input type="checkbox"/>	a. Floors, floor coverings, walls, woodwork, ceilings, furniture, fixtures and equipment are clean and safe.
	<input type="checkbox"/>	<input type="checkbox"/>	b. Floors are free of unsafe objects and slippery or uneven surfaces.
	<input type="checkbox"/>	<input type="checkbox"/>	c. Doors, stairways, passageways, aisles, or other means of exit provide safe and adequate access.
	<input type="checkbox"/>	<input type="checkbox"/>	d. Electrical appliances or apparatus are clean and have no worn or bare wiring to avoid fires, shocks, and electrocution.
	<input type="checkbox"/>	<input type="checkbox"/>	e. Water or product spills on the floor are removed immediately and floor dried to avoid falls.
	<input type="checkbox"/>	<input type="checkbox"/>	f. If candles are used in the establishment, the candle(s) must be on a surface where they are securely supported on a substantial noncombustible base and the candle flame is protected.

Section	Met	Not Met	Inspection Areas
<b>4 Restroom Facilities:</b>	<input type="checkbox"/>	<input type="checkbox"/>	The establishment has a functional sink and toilet facilities.
<b>5 Massage Tables and Chairs:</b>	<input type="checkbox"/>	<input type="checkbox"/>	a. All tables and chairs are safe and in a sanitary condition at all times.
	<input type="checkbox"/>	<input type="checkbox"/>	b. Tables/chairs with no sheeting/pad are disinfected between clients with an EPA-registered disinfectant that is proven effective against HIV-1, or Hepatitis B, or is a Tuberculocidal.
	<input type="checkbox"/>	<input type="checkbox"/>	c. Clean linens are used for each client.
	<input type="checkbox"/>	<input type="checkbox"/>	d. Sheeting or pads that come in direct contact with the client or have been soiled are removed, disinfected, or cleaned between clients.
<b>6 Storage:</b>	<input type="checkbox"/>	<input type="checkbox"/>	a. Flammable and combustible chemicals are stored away from potential sources of ignition such as an open flame or an electrical device.
	<input type="checkbox"/>	<input type="checkbox"/>	b. Cabinets, drawers, containers used for storage of tools, equipment, instruments and towels/linens are clean.
	<input type="checkbox"/>	<input type="checkbox"/>	c. Tools, equipment, instruments, or towels/linens which have been used on a client are not placed in a container with clean tools, equipment, instruments, or towels or linens.
<b>7 Towels/Linens:</b>	<b>Used Towel and Linen Storage:</b>		
	<input type="checkbox"/>	<input type="checkbox"/>	a. Cloth towels and linens are deposited in a closed receptacle after use.
	<input type="checkbox"/>	<input type="checkbox"/>	b. Used cloth towels and linens are not used again until properly laundered.
	<input type="checkbox"/>	<input type="checkbox"/>	c. Disposable towels are discarded in a covered waste receptacle immediately following each service.
	<b>Clean Towel and Linen Storage:</b>		
	<input type="checkbox"/>	<input type="checkbox"/>	a. All clean towels are stored in a clean, enclosed, dust-proof cabinet or container until used.
	<input type="checkbox"/>	<input type="checkbox"/>	b. Pillows are not required to be stored in a cabinet or container, but must have a clean covering before contact with a client.
<b>8 Products:</b>	<input type="checkbox"/>	<input type="checkbox"/>	a. All liquids, creams, and other products are kept in clean, closed containers.
	<input type="checkbox"/>	<input type="checkbox"/>	b. Original product bottles and containers have an original manufacturer label, which discloses their contents.
	<input type="checkbox"/>	<input type="checkbox"/>	c. All products used on a client are dispensed by a spatula, scoop, spoon, squeeze bottle, pump, dropper, or similar dispenser so that the remaining product is not contaminated.
	<input type="checkbox"/>	<input type="checkbox"/>	d. If a product is poured into another container, such as a shaker, dispenser pump container, or spray container, the container is labeled to identify the product.
	<input type="checkbox"/>	<input type="checkbox"/>	e. Products applied to one client are removed and not reused on another client.
<b>10 Activities Not Allowed:</b>	<input type="checkbox"/>	<input type="checkbox"/>	a. Smoking does not occur in the massage room.
	<input type="checkbox"/>	<input type="checkbox"/>	b. The establishment will not permit its employees or clients to use, consume, serve, or in any manner possess or distribute intoxicating beverages or controlled substances upon its premises
	<input type="checkbox"/>	<input type="checkbox"/>	Massage therapy services will not be performed in the establishment while the establishment is moving. The establishment will be safely and legally parked in a legal parking space at all times while clients are present inside the establishment. The establishment will not be parked or conduct business within 300 feet of another brick and mortar licensed massage therapy establishment.

Section	Met	Not Met	Inspection Areas
<p><b>9</b> <b><u>Methods of Disinfection:</u></b></p> <p>The owner must ensure that all electrical or mechanical tools, instruments, implements, and equipment are disinfected before use on a client, by using one of the following two procedures:</p>	<b>Procedure One:</b>		
	<input type="checkbox"/>	<input type="checkbox"/>	a. Spray, immerse, soak, or saturate the implement until it is totally saturated with an EPA-registered disinfectant that is proven effective against HIV-1, or Hepatitis B, or is a Tuberculocidal.
	<input type="checkbox"/>	<input type="checkbox"/>	b. Before removing the sanitized implement(s), wash hands with liquid soap and water or antibacterial solution.
	<input type="checkbox"/>	<input type="checkbox"/>	c. Rinse implement.
	<input type="checkbox"/>	<input type="checkbox"/>	d. Prior to storing, air-dry on a sanitary surface or dry with a clean sanitized towel.
	<input type="checkbox"/>	<input type="checkbox"/>	e. Store in a clean enclosed cabinet or covered container reserved for clean implements until used.
	<b>Procedure Two:</b>		
	<input type="checkbox"/>	<input type="checkbox"/>	a. Autoclave implements in accordance with the manufacturer's instructions.
	<input type="checkbox"/>	<input type="checkbox"/>	b. Autoclaves are cleaned and serviced at the frequency recommended by the manufacturer.
	<input type="checkbox"/>	<input type="checkbox"/>	c. Foot baths/foot spas, showers, and hot tubs are disinfected with an EPA registered disinfectant that is proven effective against HIV1, or Hepatitis B, or is a Tuberculocidal and in accordance with the manufacturer's instructions.
<input type="checkbox"/>	<input type="checkbox"/>	d. Paraffin wax machines is clean. Paraffin wax removed from one client is not be re-melted and used by another client.	
<p><b>Name of Disinfectant:</b> _____ (must say on the product container that it is proven against HIV-1 or Hepatitis B or is Tuberculocidal)</p> <p><b>EPA Registration #:</b> _____</p>			
<p><b>10</b> <b><u>Activities Not Allowed:</u></b></p>	<input type="checkbox"/>	<input type="checkbox"/>	a. Smoking does not occur in the massage room.
	<input type="checkbox"/>	<input type="checkbox"/>	b. The establishment will not permit its employees or clients to use, consume, serve, or in any manner possess or distribute intoxicating beverages or controlled substances upon its premises
	<input type="checkbox"/>	<input type="checkbox"/>	Massage therapy services will not be performed in the establishment while the establishment is moving. The establishment will be safely and legally parked in a legal parking space at all times while clients are present inside the establishment. The establishment will not be parked or conduct business within 300 feet of another brick and mortar licensed massage therapy establishment.
<p><b>11</b> <b><u>Documents and Records:</u></b></p>	<input type="checkbox"/>	<input type="checkbox"/>	a. The license to operate the massage therapy establishment will be displayed in a conspicuous location at the massage therapy establishment.
	<input type="checkbox"/>	<input type="checkbox"/>	b. The establishment is clearly identified as such to the public by a sign placed on the outside of the establishment which includes the establishment's license number.
	<input type="checkbox"/>	<input type="checkbox"/>	c. The license of each massage therapist who practices massage therapy in the massage therapy establishment is displayed in a conspicuous location in the establishment.
	<input type="checkbox"/>	<input type="checkbox"/>	d. The establishment has one copy of the latest edition of the Massage Therapy Practice Act and one copy of the latest edition of 172 NAC 81 and 82.
	<input type="checkbox"/>	<input type="checkbox"/>	e. The owner of the establishment will maintain a permanent business address at which correspondence from the department may be received and records of appointments, license numbers, and vehicle identification numbers must be kept for each establishment being operated by the owner. The owner will make such records available for verification and inspection by the department;



**Owner's Signature:**

I verify that the information on the inspection report is true and complete.

Signature \_\_\_\_\_

Date \_\_\_\_\_