

**GENERAL INFORMATION/INSTRUCTIONS FOR FILING AN APPLICATION FOR A
MESSAGE THERAPY ESTABLISHMENT**

This form can also be obtained online at: cca.hawaii.gov/pvl

- A "Massage Therapy Establishment" or "MAE" is defined as premises occupied and used for the purpose of practicing massage or massage therapy training; provided that when any massage therapy establishment is situated in any building used for residential therapy purposes, the massage therapy establishment premises shall be set apart and shall not be used for any other purpose.
- No massage therapy establishment shall be licensed or allowed to operate unless the massage business is under the direct management of a Hawaii licensed massage therapist who is designated as the principal massage therapist and whose name has been recorded with the Board's office. **All subsequent changes in personnel must be reported to the Board in writing within forty-eight (48) hours of the change on a "Change of Personnel for Massage Therapy Establishments" form MA-12.** Contact the Board's office for form or you may download the form from our website at: cca.hawaii.gov/pvl.
- **Massage therapy laws (HRS chapter 452) and rules (HAR chapter 16-84)** may be obtained by sending a written request to the Board's address below. Indicate the specific chapter in your request. The laws and rules are also posted on our website at: cca.hawaii.gov/pvl. Click on "**Massage Therapy**".
- Mail the completed application and required documents to:
Board of Massage Therapy
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801

OR

Deliver to office location at:
335 Merchant Street, Room 301
Honolulu, HI 96813
Phone: (808) 586-3000

• **RELOCATION**

If filing for relocation of your current massage therapy establishment, submit the following:

- a. Completed application form;
 - b. Non-refundable application fee of \$25.00;
 - c. A letter signed by the Principal Massage Therapist AND officer, director, partner or member, of the entity, as applicable, that describes the massage therapy activity that will be performed. Include the days and times of operation;
 - d. A copy of the written agreement with the owner, manager or rental agent of the venue/building citing to their knowledge and authorization for the massage therapy activity. Be sure that the name of the massage therapy establishment is cited in the agreement;
 - e. A drawing or sketch of the venue/building showing the surrounding area and, if applicable, the stall/booth that the applicant will occupy. The sketch shall show where the restrooms are located. Sketch shall be on non-lined letter sized paper of 8 1/2" x 11".
- It is your responsibility to keep the Board informed of all address changes.

FEES

ATTACH APPROPRIATE FEES MADE PAYABLE TO: **COMMERCE & CONSUMER AFFAIRS** (check must be in U.S. dollars and be from a U.S. financial institution).

(CONTINUED ON PAGE 2)

If your license is issued between July 1, **even-numbered** years and June 30, odd-numbered years, pay..... \$189
(Application-\$25**, License-\$32, Compliance Resolution Fund-\$100, 1/2 Renewal fee-\$32), **OR**

If your license is issued between July 1, **odd-numbered** years and June 30, even-numbered years, pay..... \$107*
(Application-\$25**, License-\$32, Compliance Resolution Fund-\$50).

Relocation (same owner but in a different location) Application \$25..... \$ 25

*Subject to renewal by June 30 (even-numbered years).

**Non-refundable application fee

NOTE: One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the payment you sent DCCA for your required fees is honored by your bank. If your payment is dishonored, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$25.00 service charge shall be assessed for payments that are dishonored for any reason.

If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by HRS chapter 91 and HAR chapter 16-201. Your written request for a hearing must be directed to the agency that denied your application, and must be made within sixty (60) calendar days of notification that your application for a license has been denied.

REQUIREMENTS FOR LICENSE - MASSAGE THERAPY ESTABLISHMENT

APPLICANTS ARE SUBJECT TO REQUIREMENTS IN EFFECT AT THE TIME OF FILING.

- Effective April 1, 2013, the State Department of Health ("DOH") has informed DCCA that the DOH will no longer issue a "Sanitation Clearance" for all MAEs. Thus, applicants for an MAE license are not required to provide a "Sanitation Clearance" from DOH with their applications; provided that all MAEs and MATs are required to comply with DOH's sanitation standards when providing massage therapy services to the public. Instead, submit the following:
 - a. Completed application form;
 - b. Fee;
 - c. A letter signed by the Principal Massage Therapist AND officer, director, partner or member, of the entity, as applicable, that describes the massage therapy activity that will be performed. Include the days and times of operation;
 - d. A copy of the written agreement with the owner, manager or rental agent of the venue/building citing to their knowledge and authorization for the massage therapy activity. Be sure that the name of the massage therapy establishment is cited in the agreement;
 - e. A drawing or sketch of the venue/building showing the surrounding area and, if applicable, the stall/booth that the applicant will occupy. The sketch shall show where the restrooms are located. Sketch shall be on non-lined letter sized paper of 8 1/2" x 11".

NOTE: An MAE license is required for all permanent fixed locations (e.g., an office), and all other types of premises where massage therapy is performed on a regular basis (e.g., open-air markets, farmers' markets, swap meets, flea markets, shopping center booths, tents, cabanas, etc.). If massage therapy services are provided on a non-regular basis at a particular premise, an MAE license may not be required.

(CONTINUED ON PAGE 3)

- **ENTITY REGISTRATION:**

If the application is for a corporation, partnership, LLC or LLP, submit the following proof to show that the entity is properly registered with the Business Registration Division ("BREG"), of DCCA. Call them at: **(808) 586-2727** or visit their website at: **cca.hawaii.gov/breg** to order Certificates of Good Standing, forms, etc.

- > If the entity has been registered in this state for LESS THAN ONE (1) YEAR, attach a "*filed-stamped*" copy of the registration document filed with BREG, or the same certificate mentioned below.
- > If the entity has been registered in this state for MORE THAN ONE (1) YEAR, attach a **current** "*Certificate of Good Standing*", issued no more than one (1) year ago.

- **TRADE NAME:**

If applicant will be using a trade name, attach a **current** "*filed-stamp*" copy of the "*Application for Registration of Trade Name*" approved by the Business Registration Division. You may contact them at (808) 586-2727.

- **SOCIAL SECURITY NUMBER:**

Your Social Security Number is used to verify your identity for licensing purposes and for compliance with the below laws.

For a license to be issued you must provide your Social Security Number or your application will be deemed deficient and will not be processed further.

The following laws require that you furnish your Social Security Number to our agency:

FEDERAL LAWS:

42 U.S.C.A. §666(a)(13) requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and

If you are a licensed health care practitioner, 45 C.F.R., §61.7 requires the Social Security Number as part of the mandatory reporting we must do to the Healthcare Integrity and Protection Data Bank (HIPDB), of any final adverse licensing action against a licensed health care practitioner.

HAWAII REVISED STATUTES ("HRS"):

HRS section 576D-13(j), requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and

HRS section 436B-10(4), which states that an applicant for license shall provide the applicant's Social Security Number if the licensing authority is authorized by federal law to require the disclosure (and by the federal cites shown above, we are authorized to require the Social Security Number).

Instructions for "Yes" Answers to Questions (4) thru (6) of the Application for License (MA-02).

A. The following documentation must be submitted with the license application. Applications for license will not be considered without this material.

- 1) Questions 4 and 5 refer to complaints, charges of unlicensed activity, or pending disciplinary actions for any profession, occupation, or license. If your answer is "yes" to one or more of these questions, read paragraph "B" below, and you must submit the following:
 - i. A statement signed by you explaining the circumstances; and
 - ii. Copies of any documents from the agency, including final orders, petitions, complaints, findings of fact and conclusions of law, and any other relevant documents;

(CONTINUED ON PAGE 4)

- 2) If your application indicates a criminal conviction, read paragraph "B" below, and you must submit the following:
- i. A detailed statement signed by you explaining the underlying circumstances leading to the conviction and detailing all activities since the conviction, including employment and business involvements. Include job title, period of employment, employer's name, description of duties, training attended, and educational courses attended;
 - ii. A copy of all related court documents (e.g., petitions, indictments, court order, verdict, and terms of sentence), as applicable; and
 - iii. If applicable, a copy of the terms of probation and/or parole and a statement from your probation or parole officer as to your compliance with the court orders;
 - iv. A current criminal history record check in your name from the state where the conviction occurred and the state where you currently reside, if different. In Hawaii, you may obtain a criminal history record check from the Hawaii Criminal Justice Data Center. Contact the Department of the Attorney General, Hawaii Criminal Justice Data Center, Kekuaano'a Building, 465 S. King Street, Rm. 101, Honolulu, HI 96813. Ph: (808) 587-3100 or visit their website at: ecrim.ehawaii.gov to request a "Criminal History Record Check" form.

B. If you answered "yes" to questions (4) thru (6), your application will be reviewed at a Board meeting **if you have provided all applicable information and documents as described above**. The Board will not review incomplete applications. If you wish to present oral testimony at the meeting, submit a written request with your application.

• **ABANDONMENT OF APPLICATION:**

Pursuant to HRS section 436B-9, your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two (2) consecutive years. The failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit any required information and documents requested by the licensing authority within two (2) consecutive years from the last date the documents and information were requested, or (2) failure to complete any additional requirements for licensure that remain after approval of your application, such as attempting to complete an exam requirement, within two (2) consecutive years from the date your application was approved, or (3) failure to provide the licensing authority with any written communication during two (2) consecutive years indicating that you are attempting to complete the licensing process. If an application is deemed abandoned the applicant shall be required to reapply for licensure and comply with the licensing requirements in effect at the time of the reapplication.

• **RELEASE OF INFORMATION:**

If an agency or individual is assisting you with the licensure process, we will not be able to release any information to them unless you provide us with authorization. If you wish to do so, please complete the portion of the application on "Release of Information to Third Party", sign, and date it.

APPLICATION FOR LICENSE OR RELOCATION OF BUSINESS - MASSAGE THERAPY ESTABLISHMENT

Dept. of Commerce & Consumer Affairs
BOARD OF MASSAGE THERAPY
P.O. Box 3469
Honolulu, HI 96801

This form can also be obtained at: cca.hawaii.gov/pvl

Use on-line fillable form or print <i>legibly</i> in black ink .		Approved: <input type="checkbox"/> Initials/Date: _____		
Check type of BUSINESS ENTITY:		Effective Date: _____ License No. _____ MAE - _____		
<input type="checkbox"/> INDIVIDUAL (SOLE OWNER) <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC <input type="checkbox"/> LLP		Checklist: <input type="checkbox"/> BREGS <input type="checkbox"/> LETTER <input type="checkbox"/> MAT-D <input type="checkbox"/> WRITTEN AGREEMENT <input type="checkbox"/> DRAWING OF VENUE		
Name of Applicant: (First-Middle-Last; OR Name of corporation, partnership, LLC or LLP)		FOR OFFICE USE ONLY		
Trade Name: (If any)				
Business Location Address: (Include Suite No., City, State & Zip Code)				
Mailing Address: (ONLY if different from Business Address)				
Social Security No. _____		Check type of APPLICATION being made:		
Date of Birth _____		<input type="radio"/> NEW LICENSE		
Phone No. (Days) _____		<input type="radio"/> RELOCATION: Same owner, but different location.		
PRINCIPAL MESSAGE THERAPIST	Name (<i>First, Middle, LAST</i>) _____	License No. _____ MAT - _____	Exp. Date of License: _____	Phone No. (Days) _____
	Name (<i>First, Middle, LAST</i>) _____	License No. _____ MAT - _____	Exp. Date of License: _____	Phone No. (Days) _____

ACKNOWLEDGEMENT:

I hereby acknowledge that I will be the principal massage therapist for the above massage therapy establishment. I also acknowledge that I have read, understand, and agree to comply with all statutes and rules pertaining to the Board of Massage Therapy, including but not limited to, Hawaii Administrative Rules chapter 11-11-4 and Hawaii Revised Statutes chapter 452, and my responsibilities.

Signature of Principal Massage Therapist Date Signature of Principal Massage Therapist Date

MAT	List NAME and LICENSE NUMBERS of all Massage Therapists who will be working for or associated with this firm:
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The following questions pertain to the applicant and any persons (principal massage therapist(s), officers, directors, managers, partners, etc.) responsible for the massage therapy establishment. Answer all questions. If response is "Yes" to questions 4 to 6, refer to the instructions for additional documents that must be submitted with this application.

1. Are you at least 18 years of age? Yes No
 2. Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? Yes No
 3. Have you ever held a massage therapy establishment license in Hawaii? Yes No
- Name under which Lic. was issued: _____ Date of Lic.: _____ Lic. No.: MAE- _____
4. Has any license ever been suspended, revoked or otherwise subject to disciplinary actions? Yes No
 5. Are there any disciplinary actions pending against you? Yes No
 6. Have any of the owners, officers and directors, partners, managers or members ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? Yes No

(CONTINUED ON PAGE 2)

App.....	295.....	\$25
Lic.....	298.....	\$32
CRF.....	299.....	\$50/\$100
1/2 Ren.....	290.....	\$32
Service Charge.....	BCF.....	\$25

Name of Applicant: _____

Date: _____

IF APPLICATION IS FOR A CORPORATION, PARTNERSHIP, LLC, OR LLP, THIS PAGE MUST BE COMPLETED.

OFFICERS OF CORPORATION, PARTNERS, MANAGERS OR MEMBERS	NAME (First-MI-Last)	ADDRESS (Include Zip Code)
	President, Partner, Manager, or Member	<u>Current Residential Address</u>
	Social Security No.	<u>Current Business Address</u>
	Vice-President, Partner, Manager, or Member	<u>Current Residential Address</u>
	Social Security No.	<u>Current Business Address</u>
	Secretary, Partner, Manager, or Member	<u>Current Residential Address</u>
	Social Security No.	<u>Current Business Address</u>
	Treasurer, Partner, Manager, or Member	<u>Current Residential Address</u>
	Social Security No.	<u>Current Business Address</u>

AFFIDAVIT OF APPLICANT:

I hereby certify that the answers and statements contained in this application and the documents attached thereto are true and correct. I understand that misrepresentation is grounds for refusal to approve my MAE application or subsequent revocation of license and is a misdemeanor (See, HRS sections 452-24 and 436B-19), and/or grounds for criminal prosecution (HRS section 710-1017). I hereby certify that the premises/location of the massage therapy establishment is in compliance with the respective county zoning laws and regulations. I further certify that I have read, understand, and agree to comply with all laws and rules pertaining to the Board of Massage Therapy, including but not limited to, Hawaii Administrative Rules chapter 11-11-4 and HRS chapter 452.

Applicant's Signature

Date

Title

Release of Information to Third Party:

To assist me in the licensing process, I authorize DCCA's staff to release any and all information regarding my application (including but not limited to, application status) to the following third party:

Print name of individual who is assisting you: _____

Applicant's Signature

Date

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.