

Establishment Name: _____

2. DESIGNATED MESSAGE ESTABLISHMENT MANAGER

The Designated Establishment Manager (DEM) is a massage therapist who holds a clear and active license without restrictions, who will be responsible for the operation of your establishment in accordance with chapter (ch.) 480, Florida Statutes (F.S.). The named DEM will be notified prior to the issuance of your license.

A. DEM Name: _____

B. DEM License Number: MA _____

Part B: Ownership Entity

Complete ONLY the section that applies to your ownership entity.

1. OWNERSHIP INFORMATION FOR INDIVIDUALS (SOLE PROPRIETOR)

If you are applying as an individual (sole proprietor) who owns the establishment, who is NOT applying under a tax ID assigned to a partnership, limited liability company, or corporation, complete this section.

Are you the individual (sole proprietor) whose name appears in response to the "Ownership Entity Name" question on this application? Yes No

Continue to "ESTABLISHMENT OWNER/AUTHORIZED PERSON STATEMENT."

If you are not a licensed massage therapist in Florida, complete Part C as the establishment owner.

2. OWNERSHIP INFORMATION FOR PARTNERSHIPS - General Partnership (GP), Limited Partnership (LP), Limited Liability Partnership (LLP), or Registered Limited Liability Partnership (RLLP)

If you are applying as a GP, LP, LLP, or RLLP complete this section.

A. Are you a general partner of the GP, LP, LLP, or RLLP, or have you been authorized to complete this application by the partnership whose name appears in response to the "Ownership Entity Name" question on this application? Yes No

B. FEI/EIN Number (if applicable): _____

C. Name of Filing Partner/Authorized Person: _____

Submit a copy of the Partnership Registration or most recent annual report filed with the Division of Corporations. *The members of your partnership will be confirmed with the Division of Corporations.*

Continue to "ESTABLISHMENT OWNER/AUTHORIZED PERSON STATEMENT,"
then complete PART C for each partner in your partnership.

3. OWNERSHIP INFORMATION FOR LIMITED LIABILITY COMPANIES (LLC)

If you are applying as a limited liability company, complete this section.

A. Are you a member of the limited liability company applying for this license, **OR** have you been authorized to complete this application by the LLC whose name appears in response to the "Ownership Entity Name" question on this application? Yes No

B. FEI/EIN Number of LLC: _____

C. Name of Filing Member/Authorized Person: _____

Submit a copy of the Articles of Organization or most recent Annual Report as filed with the Division of Corporations. *The members of your limited liability company will be confirmed with the Division of Corporations.*

Continue to "ESTABLISHMENT OWNER/AUTHORIZED PERSON STATEMENT,"
then complete Part C for each member of your LLC.

Establishment Name: _____

4. OWNERSHIP INFORMATION FOR CORPORATIONS (INC, Corp.)

If you are applying as a corporation, complete this section.

A. Are you a corporate owner/officer or authorized corporate representative of the corporation whose name appears in response to the "Ownership Entity Name" question on this application, **or** have you been authorized to complete this application by the corporation whose name appears in response to the "Ownership Entity Name" question on this application? Yes No

B. FEI/EIN Number of Corporation: _____

C. Role of Peron Filing Application:

Corporate Owner/Officer

Authorized Corporate Representative (ACR)

Other Interested Party (specify): _____

D. Name of Filing Owner/Officer/ACR/Interested Party: _____

E. Does this corporation have more than \$250,000 in taxable business assets in the state of Florida?

Yes No

F. If you responded "Yes" in question "E," list the names of each interested party which is directly involved in the management of the establishment.

_____	_____
_____	_____
_____	_____
_____	_____

If you answered "Yes" to the taxable assets question "E" above, submit documentation demonstrating \$250,000 in taxable business assets in the state of Florida. This documentation may either be a letter from a Certified Public Accountant, or Form F-1120 (Florida Corporate Income/Franchise Tax Return) as filed with the Department of Revenue for the most recent tax year.

Submit a copy of the Articles of Incorporation or most recent Annual Report as filed with the Division of Corporations. *The owner/officers will be confirmed with the Division of Corporations.*

Continue to "ESTABLISHMENT OWNER/AUTHORIZED PERSON STATEMENT," then complete Part C for each corporate owner/officer and all interested parties listed above.

5. OWNERSHIP INFORMATION FOR OTHER ENTITIES

If the ownership is not sole proprietorship, partnership, limited liability company, or corporation, complete this section.

A. Are you an interested party to the establishment identified on this application who has been authorized to complete this application by the entity whose name appears in response to the "Ownership Entity" question on this application? Yes No

B. Type of ownership: _____
Specify the type of entity submitting this application (i.e. municipal charter, association type).

C. List the names of each interested party which is directly involved in the management of the establishment.

_____	_____
_____	_____

Continue to "ESTABLISHMENT OWNER/AUTHORIZED PERSON STATEMENT," then complete Part C for each interested party listed above.

Establishment Name: _____

6. ESTABLISHMENT OWNER/AUTHORIZED PERSON STATEMENT

I certify that I am an owner of the establishment referred to in the application or otherwise authorized by the licensee to submit this application.

I attest that the answers provided in the application and in support of it are true and correct. Should I furnish any false information on or in support of this application, I understand that such action shall constitute cause for denial, suspension, or revocation of any license to practice in the state of Florida.

Signature _____ Date _____
MM/DD/YYYY

Continue to “Part C: Establishment Owner Information.”