



St. Joseph County Department of Health

"To promote health and wellness with compassion and integrity through partnerships, education, protection, and advocacy for all who reside in and visit St. Joseph County."

ST. JOSEPH COUNTY
DEPARTMENT OF HEALTH
Prevent. Promote. Protect.

APPLICATION FOR NEW: MASSAGE ESTABLISHMENT LICENSE

1. Name of Establishment: _____
2. Establishment Address, City, and Zip: _____
3. Establishment Phone #: _____ E-mail: _____
4. Name of Establishment Owner: _____
5. Owners Home Address: _____ Phone #: _____
6. List the name of any other massage establishments owned by the applicant within the last five (5) years.

Name: _____	City/State _____	Zip _____
Name: _____	City/State _____	Zip _____
Name: _____	City/State _____	Zip _____
Name: _____	City/State _____	Zip _____
Name: _____	City/State _____	Zip _____
7. Has the owner ever had a massage therapist or establishment permit suspended or revoked? Yes ___ No ___
If yes, explain the reasons: _____

8. A floor plan identifying rooms and their uses.
9. Provide the owner's current valid driver's license or other government-issued photo identification.
10. If this application is **NOT** a renewal of an existing massage establishment license, provide documentation that the property is zoned for a massage establishment.
11. Provide a non-refundable fee of two hundred twenty-five dollars (**\$225.00**) payable every annual renewal application due every February.
12. Must **INCLUDE** a self-addressed stamped envelope to obtain the license.

No Personal Checks Accepted. We will accept Money orders, Cashier's checks, Business checks, Visa, MasterCard or Discover. Please Note: We are not able to process credit card transactions by phone or by mail.

I certify that the information provided above is true and accurate. I understand that failure to provide true and accurate information or a violation of County Code 113 may result in the cancellation of my license and penalties of up to \$1,500 per violation per day. I certify that I will not allow massage therapy to be performed at this establishment by any person who does not possess a current massage therapist license.

Signature _____ Date _____

FOR OFFICE USE ONLY!

EHS Determination: _____	Approved / Disapproved: _____	Date: _____
Date paid: _____	SR/License#: _____	
Transaction #: _____	Employee Initials: _____	

Please send all electronic correspondence for the Environmental Health Unit to envirohd@sjcindiana.com