



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."

Revised 2025

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APPLICATION FOR NEW: MASSAGE ESTABLISHMENT LICENSE

1. Establishment Name: _____
2. Establishment Address, City and Zip: _____
3. Establishment Phone #: _____ E-Mail: _____
4. Days of Operation: _____ Hours of Operations: _____
(Example Mon-Fri) (Example 8am-5pm)
5. Name of Applicant (if different): _____ Phone #: _____
6. Local Home Address: _____ City/State: _____ Zip: _____
7. List the name of any other massage establishments owned by the owner/applicant within the last three (3) years:
Name: _____ Address (City, State, Zip): _____
Name: _____ Address (City, State, Zip): _____
Name: _____ Address (City, State, Zip): _____
8. Do you now, or have you held a previous massage establishment permit/license in another city or state? Yes ____ No ____
9. Has the applicant ever had a massage therapist or establishment permit/license suspended or revoked? Yes ____ No ____
If yes, explain the reasons: _____
10. Provide a floor plan identifying rooms and their uses (separate sheet).
11. Provide a copy of the building lease agreement with the property owner's name and contact information.
12. Provide the applicant's current, valid driver's license, or other government-issued photo identification.
13. Provide and attach all services and rates (menu/pamphlet/website).
14. Provide roster of employee(s) with home addresses, phone numbers, emails, dates of hire, and job duties/roles (pages 2 & 3).
15. Provide documentation that the property is zoned for a massage establishment.
16. A fee of two hundred forty-eight dollars (\$248.00) is to accompany this annual application, due every February.
17. All licenses will be distributed during the inspection of the establishment.

No Personal Checks Accepted. We accept Money orders, cashier's checks, Business checks, and major credit cards (Visa, MasterCard, or Discover). Please note that we are unable to process credit card transactions by phone or mail. Once fees have been paid, they are non-refundable and non-transferable. We are not responsible for lost or undelivered mail.

I certify that the information provided above is true and accurate. I understand that failure to provide true and accurate information is a violation of County Code 113 and 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!

Date Paid: _____ Transaction #: _____ Total Fee: _____

SR/License #: _____ Employee: _____

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

Environmental Health Unit • 227 W. Jefferson Blvd. • 9th Floor • South Bend, IN 46601-1870 • Phone (574) 235-9722 • Fax (574) 235-9497

List all employees and complete all that is required below.

Name: _____

Home address: _____

Phone Number: _____

Email Address: _____

Date of Hire: _____

Duties/Role: _____

Name: _____

Home address: _____

Phone Number: _____

Email Address: _____

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Duties/Role: _____

Name: _____

Home address: _____

Phone Number: _____

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Phone Number: _____

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The following fee schedule, as established by the St. Joseph County Board of Health, is hereby approved by the Board of Commissioners of St. Joseph County.

Massage Items	Fees/Fines
Establishment	\$248.00/year
Therapist	\$110.00/year
Late Fee	25%
Violation of St. Joseph County Ordinance, Chapter 113 - First Offense, not more than	\$1,000.00
Violation of St. Joseph County Ordinance, Chapter 113 - Second offense, not more than	\$2,500.00
Violation of St. Joseph County Ordinance, Chapter 113 - Third offense, not more than	\$5,000.00

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