



# 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 RENEWAL: MASSAGE ESTABLISHMENT LICENSE

1. Name of Establishment: \_\_\_\_\_
2. Establishment Address, City and Zip: \_\_\_\_\_
3. Establishment Phone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_
4. Name of Applicant (if different): \_\_\_\_\_ Phone #: \_\_\_\_\_
5. Local Home Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_
6. Applicant's business or employment history for 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. Do you now or have you held a previous massage establishment permit in another city or state? Yes \_\_\_\_ No \_\_\_\_
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. A fee of two hundred twenty-five dollars (**\$225.00**) is to accompany this annual renewal application due every February. A late fee of 25% per month will be assessed.
11. 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 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: \_\_\_\_\_

<b>FOR OFFICE USE ONLY!</b>	
Date Paid: _____	Fee Paid: _____
Transaction #: _____	Late Fee: _____
Dept Employee: _____	Total Paid: _____
SR/License #: _____	