



# 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 RENEWAL: 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. Provide a floor plan identifying rooms and their uses (separate sheet).
10. Provide a copy of the building lease agreement with the property owner's name and contact information.
11. Provide the applicant's current, valid driver's license, or other government-issued photo identification.
12. Provide and attach all services and rates (menu/pamphlet/website).
13. Provide roster of employee(s) with home addresses, phone numbers, emails, dates of hire, and job duties/roles (pages 2 & 3).
14. A fee of two hundred forty-eight dollars (\$248.00) is to accompany this annual renewal application, due every February. A late fee of 25% will be assessed if payment is made after the due date.
15. 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 #: \_\_\_\_\_ Employee: \_\_\_\_\_  
Paid Fee: \_\_\_\_\_ Late Fee: \_\_\_\_\_ Total Fees: \_\_\_\_\_  
SR/License #: \_\_\_\_\_

Please send all electronic correspondence for the Environmental Health Unit to [envirohd@sjcindiana.gov](mailto:envirohd@sjcindiana.gov)

Environmental Health Unit • 227 W. Jefferson Blvd. • 9<sup>th</sup> 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: \_\_\_\_\_

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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.***

<b>Massage Items</b>	<b>Fees/Fines</b>
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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