



# St. Joseph County Department of Health

*"Promoting physical and mental health and facilitating the prevention of disease, injury and disability for all St. Joseph County residents"*

## APPLICATION FOR MASSAGE ESTABLISHMENT PERMIT RENEWAL

1. Name of Establishment: \_\_\_\_\_
2. Establishment Address, City and ZIP: \_\_\_\_\_
3. Establishment Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
**(For Department of Health Use Only)**
4. Name of Applicant: \_\_\_\_\_
5. Address, City, Zip & Phone: \_\_\_\_\_
6. Applicant business or employment history for last three (3) years:  
Name: \_\_\_\_\_ City/State \_\_\_\_\_  
Name: \_\_\_\_\_ City/State \_\_\_\_\_  
Name: \_\_\_\_\_ City/State \_\_\_\_\_
7. Do you now or have you held a previous massage establishment permit in another city or state? Yes \_\_\_\_ No \_\_\_\_

**A fee of two hundred twenty-five dollars (\$225.00) is to accompany this application and is payable every February with the renewal of the Massage Establishment Permit. NO PERSONAL CHECKS are accepted. We are not able to process credit card transactions by phone or by mail.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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 permit license and penalties 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 permit.**

Payment for Establishment Permit renewals are being accepted through the mail. **Do not** send a self-addressed stamped envelope with the renewal fee. The Environmental Health Specialist will bring the permit to the establishment upon completion of the establishment inspection.

FOR OFFICE USE ONLY!	
Date Paid: _____	Fee Paid: _____
Transaction #: _____	Late Fee: _____
Dept Employee: _____	Total Paid: _____
SR/ Permit #: _____	

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