



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

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 A MASSAGE THERAPIST PERMIT

1. Printed Name of Applicant: _____ Date of Birth: _____
2. Local Home Address: _____
3. Local Phone No.: _____ Email Address: _____
4. Name and address of establishment, if any, at which you are or expect to be employed:

5. Provide a copy of a current Massage Therapist Certification from the Indiana State Board of Massage Therapy.
6. Provide a copy of your diploma from a recognized School of Massage Therapy.
7. Provide a current driver's license or government issued photo-identification for copying by the Department of Health.
8. Provide a non-refundable fee of *One Hundred (\$100.00) Dollars* payable every February. A late fee of 25% per month will be assessed. We accept cash, Visa/Mastercard, Discover, business checks, cashier's checks and money orders. **NO PERSONAL CHECKS ACCEPTED.**
9. Have you ever had a Massage Permit or license suspended or revoked? Yes _____ No _____
If yes, explain the reason(s): _____

10. Certification:

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 and may result in the cancellation of my permit and assignment of financial penalties up to \$1,500 per violation, per day. I certify that I will not perform massage therapy in a residence or an establishment that does not possess a Massage Establishment Permit (certain exceptions apply, such as medical facilities).

Signature of Applicant

Date

FOR OFFICE USE ONLY!			
EHS Recommendation: _____	Approved / Disapproved: _____	Date: _____	
EHS Determination: _____	Approved / Disapproved: _____	Date: _____	
Date Paid: _____	Transaction #: _____	S/R#: _____	Staff Initials: _____

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

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