



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 RENEWAL: MASSAGE THERAPIST PERMIT

1. Name of Applicant: _____
2. Address, City and Zip: _____
3. Phone: _____ Cell: _____ Date of Birth: _____
E-Mail Address (If Applicable) _____
4. Name and address of establishment, if any, at which you are or expect to be employed:

Address	City	State	ZIP
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5. Further requirements for completion of this application:

- a. A fee of one hundred dollars (**\$100.00**) is to accompany this renewal application and is payable every February.

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 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 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).

Permit renewals are accepted through the mail. Please include a self-addressed stamped envelope with the renewal fee to obtain your permit by mail. Please allow five (5) business days for processing.

FOR OFFICE USE ONLY!			
Date Paid: _____		Fee Paid: _____	
Transaction #: _____		Late Fee: _____	
Dept Employee: _____		Total Paid: _____	
Mailed: ____	Walk-IN: ____	SR/Permit #: _____	

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