



# St. Joseph County Health Department

*“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

- 1. Name of Establishment: \_\_\_\_\_
- 2. Establishment Address, City and ZIP: \_\_\_\_\_
- 3. Establishment Phone: \_\_\_\_\_
- 4. Name of Applicant: \_\_\_\_\_
- 5. Address, City and ZIP: \_\_\_\_\_
- 6. Phone: \_\_\_\_\_
- 7. Applicant business or employment history for last three (3) years:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 8. Do you now or have you held a previous massage establishment permit in another city or state?  
 Yes \_\_\_\_\_ No \_\_\_\_\_
- 9. Has such license been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_
- 10. If yes please explain: \_\_\_\_\_  
 \_\_\_\_\_
- 11. Please list names and addresses of officers, directors and stockholders, if business, partnership or corporation:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Further requirements for completion of this application for businesses who have had a change in ownership or address:**

- 1. Provide documentation that location of the business is properly zoned by the proper governmental agency.
- 2. Provide a copy of the driver’s license or picture of the owner of the establishment.
- 3. A fee of **seventy-five dollars (\$75.00)** is to accompany this application and is payable every February with the renewal of the Massage Establishment Permit. **NO PERSONAL CHECKS ACCEPTED.**

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

<b>FOR OFFICE USE ONLY!</b>		
Date paid: _____	Transaction #: _____	Department Employee: _____