



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 RENEWAL: MASSAGE THERAPIST PERMIT

1. Name of Applicant: _____
2. Address, City and Zip: _____
3. Phone: _____ Date of Birth: _____
4. Name and address of establishment, if any, at which you expect to be employed:

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

- a. A fee of fifty dollars (**\$50.00**) 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, and Visa or MasterCard. Please Note: We are not able to process credit card transactions by phone or by mail.

Signature

Date

Permit renewals are now being 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: _____ Transaction #: _____ Department Employee: _____