



# 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 RENEWAL

1. Name of Establishment: \_\_\_\_\_
2. Establishment Address, City and ZIP: \_\_\_\_\_
3. Establishment Phone: \_\_\_\_\_
4. Name of Applicant: \_\_\_\_\_
5. Address, City and ZIP: \_\_\_\_\_
6. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
**(For Health Department Use Only)**
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:  
\_\_\_\_\_  
\_\_\_\_\_

**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 are accepted.**

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.**

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