Scott Lesher
Administrator

Ruben Tornini
Deputy Administrator

Mary Fallin
Governor

Todd Lamb
Lt. Governor

STATE OF OKLAHOMA
DEPARTMENT OF CONSUMER CREDIT

2014 HEALTH SPA LICENSE RENEWAL FORM
DUE DECEMBER 1, 2013

License Number: _____

Licensee Name: _____

Address: _____

E-Mail_____ **Website:**_____

Phone _____ **Fax:**_____

1. Please ensure that this form is signed by the appropriate person.
2. Make checks and money orders payable to the Department of Consumer Credit.
3. Health Spa Renewal Fee Totaling *$300.00*
4. Please include a copy of your current bond or letter of credit with your renewal per 59 O.S. 2007(A)
5. Return this form by December 1, 2013

NOTE: Late registration fee of $10.00 per day up to 30 days if not postmarked on or before December 1, 2013.

The undersigned hereby certifies that he/she is authorized to complete this form and pay appropriate fees, and that the information set forth above is true and correct.

Print name of person authorized to renew license:_____

Signature: _____ **Title:** _____ **Date:** _____

For Office Use Only

Postmark date: _____ Date received: _____

Date license mailed: _____ Mailed by: _____

3613 N.W. 56th, Suite 240 - Oklahoma City, OK 73112-4512 - Phone: (405) 521-3653 - Fax: (405) 521-6740
http://www.ok.gov/okdocc/