

**State of Oklahoma
Department of Consumer Credit**



**Health Spa
2021 Registration Renewal Application**

Please complete **all** information on this form. Information not applicable, place "N/A" in the space.

License Number:	
Business Name:	
Address:	
Email:	Website:
Contact Number:	Fax:

Renewal Fee

Annual Registration Fee: Pay this Amount by December 1, 2020* **\$300.00**

*A late fee of \$10/day will be charged for up to 30 days if the completed form with payment is not postmarked on or before December 1. License will expire if completed form and payment are not postmarked on or before December 31, 2020.

Additional Information

1. Have you been convicted of a felony since your last license was issued? Yes No
If yes, please submit a certified copy of the Judgment and Sentence of the Court with this renewal application.
2. Please submit documentation for any information that has changed.

Renewal Authorization

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: _____

To make electronic payment and submit form, please visit our website at www.ok.gov/okdocc.

OR

Mail form along with a check or money order to:
Oklahoma Department of Consumer Credit
3613 NW 56th Street, Ste. 240
Oklahoma City, OK 73112-4512

For DOCC use only:

If you have questions please email:
licensing@okdocc.ok.gov