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DEPARTMENT OF CONSUMER CREDIT

**Revised**  
**(Use this form)**

**2015 HEALTH SPA LICENSE RENEWAL FORM**

This is your license renewal application, please complete and return this form and the appropriate fees by December 1<sup>st</sup>, 2014. (A late fee of \$10 per day for thirty (30) days shall be assessed for each license renewal received or postmarked after December 1<sup>st</sup>, 2014 per Title 160 O.S. 5-1-2 (5-D).)

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: \_\_\_\_\_

**Renewal Fees**

(All fees are non-refundable per Title 160 O.S. § 5-1-2 (3-G))

**\$300.00** - Annual License Fee

~~**\$42.00**~~ - Included this year is a 14% reduction on the Annual License Fee

**\$258.00** - Total Renewal Fee due by December 1<sup>st</sup>, 2014

Make Check & Money Orders Payable to the Department of Consumer Credit

For Office Use Only	
Postmark date: _____	Date received: _____
Date license mailed: _____	Mailed by: _____