STATE OF OKLAHOMA

DEPARTMENT OF CONSUMER CREDIT

4545 N Lincoln Blvd., Suite 164

Oklahoma City, OK 73105-3403

DUE DECEMBER 1, 2010

2011 HEALTH SPA LICENSE RENEWAL FORM

1. **Fill out ALL information below, *indicating any changes*. All information is REQUIRED.**
2. **Make sure the form is signed by appropriate person.**
3. **Make checks and money orders payable to Dept. of Consumer Credit.**
4. **Health Spa License Renewal Fee TOTALING- *$300.00***
5. **Return this form by December 1, 2010 NOTE: Late registration fee of $10.00 per day up to 30 days if not postmarked on or before December 1, 2010.**

Health Spa License Number SPA_____

Company Name _____

Mailing Address_____

City, State, Zip _____

Website: _____

Phone _____ **Fax** _____

Corporate Complaint Contact Name _____

Phone_____ **E-mail** _____