

**State of Oklahoma  
Department of Consumer Credit**



**Health Spa  
2025 Registration Renewal Application**

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

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

**Renewal Fee**

Annual Registration Fee	\$300.00
<b>Total Amount Due:</b>	<b><u>Pay this Amount by December 1, 2024*</u> \$300.00</b>

\*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, 2024.

**Additional Information**

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:** \_\_\_\_\_

**It's easy to submit your renewal online!**  
Visit the 2025 Renewal Portal on our website at <https://oklahoma.gov/okdocc>.  
**You can make payment using ACH or Mastercard/Visa**  
OR  
Mail your renewal application along with a check or money order to:  
Oklahoma Department of Consumer Credit 629 NE 28<sup>th</sup> Street, Oklahoma City, OK 73105

8.21.2024