State of Oklahoma
Department of Consumer Credit

HEALTH SPA
2027 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:
Contact Number:

Renewal Fee

Annual Registration Fee		$300.00
28.28% Annual License Fee Reduction		($ 84.84)
Total Amount Due:	Pay this Amount by December 1, 2026*	**$215.16**

*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, 2026

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:** _____

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

It's easy to submit your renewal online!
Visit the 2027 Renewal Portal on our website at www.ok.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 28th Street, Oklahoma City, OK 73105

7.16.2026