**STEPS TO OBTAIN A MASSAGE ESTABLISHMENT LICENSE**

1. Obtain an application from Oklahoma City-County Health Department.

2. Fill out the application completely in triplicate (3 copies), sign each copy, and have all 3 copies notarized.

3. Obtain two front-facing photographs taken within the last 30 days. Preferably passport photos or photos about 2” X 2”. **SINGLE PERSON PHOTOS ONLY.** Make 3 photocopies of two forms of “State of Federal” issued identifications, at least one must have a picture of the applicant (3 copies of each).

4. Go to the Oklahoma State Bureau of Investigation (OSBI) at 6600 N. Harvey, Oklahoma City, to have a record’s check completed. For hours and cost information, please give OSBI a call at 405.848.6724. Once the record’s check has been completed, please attach the original report, with two additional copies, to your application (3 copies total). Please note that the OSBI report must be less than 30 days old.

5. Document your massage history with names, addresses, dates, etc. (3 copies). This can be included on page 1 of the application (space-permitting).

6. Bring all items (3 copies of each item and two photos) to the Oklahoma City-County Health Department, 4900 Richmond Square STE 200, Oklahoma City, for review. This review may take several business days.

7. When, and if, the signed and completed application is approved by the Oklahoma City-County Health Department, take it to the **Oklahoma City License Division, 420 W. Main, 8th Floor**, to pay the fee for your license. The license fee for a **Massage Establishment License is $30.00**. Cash, checks, and money orders are accepted. Once your application has been processed, the Oklahoma City License Division will notify you when you may pick it up.

Please note: You **must** make yourself fully aware of all aspects and requirements of **Chapter 28 of the Oklahoma City Municipal Code**, which deals with massage. It can be found here: http://library.municode.com/index.aspx?clientId=17000

The establishment manager or owner of the massage business must ensure that any or all therapists are free of any communicable diseases that could be spread while giving a massage.

**NOTICE:** If you wish to have an establishment inspected and licensed, please call 405.425.4347 for an appointment. Please check with **OKC Zoning** at 405.297.2623 to ensure that massages can be performed at the address you have chosen before you request an inspection. **You will also need to have a floor plan drawing to submit to the City of Oklahoma City.**

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**APPLICANT CHECK LIST:** (Have all of these items included before bringing to the Oklahoma City-County Health Department at **4900 Richmond Square STE 200, Oklahoma City**)

- [ ] 2 passport-sized individual photos
- [ ] 2 forms of photo ID (3 copies) all 3
- [ ] 3 copies of application (copy 1, 2, 3)
- [ ] all 3 notarized
- [ ] 3 copies of work history
- [ ] 3 copies of OSBI report (1 must be original)
APPLICATION FOR MASSAGE ESTABLISHMENT LICENSE

Applicant Name: _________________________________________________________________

Applicant Address: _______________________________________________________________

City: ___________________ State: _____ Zip: ________ Tele. Number: ___________________

2 Previous addresses – if at current address less than 2 years

____________________________________________________________________________

Name of establishment where massage to be performed _________________________________

Telephone Number ______________

Address of establishment where massage to be performed

____________________________________________________________________________

Reason for application: Establishment ______

Partner ______ Stockholder ______ Director ______

All criminal convictions except misdemeanor traffic violations ___________________________

____________________________________________________________________________

Massage or similar Work History for past 5 years--names & dates: __________________________

____________________________________________________________________________

____________________________________________________________________________

Have you ever applied for a license before and been denied? Yes_____ No _____

If so, why? _____________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

________________________________________

Applicant’s Signature
APPLICATION FOR MASSAGE ESTABLISHMENT LICENSE

I hereby authorize the Oklahoma State Bureau of Investigation, City of Oklahoma City and City-County Health Department of Oklahoma County and their agents, or designees to seek information and conduct an investigation into the truth of the statements set forth in the application and the qualifications of the applicant for the license and permit.

Date

Applicant’s Signature

AFFIDAVIT

(Applicant) _______________________________________________________, being first duly sworn, deposes and says UNDER PENALTY OF PERJURY that the statements contained herein are true and correct, with full knowledge and consent that my fingerprints, police records and employment records are subject to investigation, and that ANY FALSE OR DISHONEST ANSWER TO ANY QUESTION IN THIS FORM MAY BE GROUNDS FOR DENIAL, OR SUBSEQUENT REVOCATION OR SUSPENSION OF LICENSE AND PERMIT.

Signature

Subscribed and sworn to before me on this ______ day of ______________________, Year: __________

Notary Public

MY COMMISSION EXPIRES _______________________________ Year: __________

OFFICIAL USE ONLY

OKLAHOMA CITY-COUNTY HEALTH DEPARTMENT

Proof of age attached: _______ Picture attached _______ 2 Picture IDs _______
Other IDs _______
OSBI Attached _______
___________ All forms attached?

Approved Disapproved Signature Date

POLICE DEPARTMENT

_________________________ ___________________________ ___________________________
Approved Disapproved Signature Date

_________________________ ___________________________ ___________________________
Approved Disapproved Signature Date

11/9/16
APPLICATION FOR MASSAGE ESTABLISHMENT LICENSE

Applicant Name: ________________________________

Applicant Address: ________________________________

City: ___________________ State: _____ Zip: _______ Tele. Number: __________________

2 Previous addresses – if at current address less than 2 years

Name of establishment where massage to be performed ________________________________

Telephone Number ___________

Address of establishment where massage to be performed ________________________________

Reason for application: Establishment ______
          Partner ______  Stockholder ______  Director ______

All criminal convictions except misdemeanor traffic violations ________________________________

Massage or similar Work History for past 5 years--names & dates: ________________________________

Have you ever applied for a license before and been denied? Yes_____ No_____
If so, why? ________________________________

______________________________________________
Applicant’s Signature
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__________________________________________  ______________________________________
Date                                      Applicant’s Signature

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__________________________________________
Signature

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__________________________________________
Notary Public

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OKLAHOMA CITY-COUNTY HEALTH DEPARTMENT

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Other IDs _______
OSBI Attached _______
___________ All forms attached?

________________________  __________________________  __________________________  __________
Approved               Disapproved               Signature               Date

POLICE DEPARTMENT

________________________  __________________________  __________________________  __________
Approved               Disapproved               Signature               Date
APPLICATION FOR MASSAGE ESTABLISHMENT LICENSE

Applicant Name: ____________________________________________________________

Applicant Address: ____________________________________________________________________________

City: ___________________________ State: _____ Zip: ________ Tele. Number: ________________________

2 Previous addresses – if at current address less than 2 years
____________________________________________________________________________________

Name of establishment where massage to be performed ___________________________________________

Telephone Number ______________

Address of establishment where massage to be performed
____________________________________________________________________________________

Reason for application: Establishment ______
Partner ______   Stockholder ______   Director ______

All criminal convictions except misdemeanor traffic violations _______________________________________
____________________________________________________________________________________

Massage or similar Work History for past 5 years--names & dates: _______________________________
____________________________________________________________________________________

____________________________________________________________________________________

Have you ever applied for a license before and been denied? Yes_____ No _____
If so, why? _____________________________________________________________________________
____________________________________________________________________________________

____________________________________________________________________________________

________________________________________________________
Applicant’s Signature
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Signature

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Notary Public

MY COMMISSION EXPIRES ___________________________________________ Year: __________

OFFICIAL USE ONLY
OKLAHOMA CITY-COUNTY HEALTH DEPARTMENT

Proof of age attached: _______ Picture attached _______ 2 Picture IDs _______
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___________ All forms attached?

Approved Disapproved Signature Date

POLICE DEPARTMENT

Approved Disapproved Signature Date