



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, 2400 NW 36th Street, 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.**

APPLICANT CHECK LIST: (Have all of these items included before bringing to the Oklahoma City-County Health Department at **2400 NW 36th Street, Oklahoma City**)

- | | |
|---|---|
| <input type="checkbox"/> 2 passport-sized individual photos | <input type="checkbox"/> 2 forms of photo ID (3 copies) all 3 |
| <input type="checkbox"/> 3 copies of application (copy 1, 2, 3) | <input type="checkbox"/> all 3 notarized |
| <input type="checkbox"/> 3 copies of OSBI report (1 must be original) | <input type="checkbox"/> 3 copies of work history |

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

OKC LIC. DIV.
Please return this copy to
OKC•County Health Department

Copy 2

OKLAHOMA CITY ONLY

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