



Application for Massage Therapist License

Community Development
405-670-7314
3701 SE 15th Street
Del City, OK 73115
www.cityofdelcity.com
permits@cityofdelcity.org

APPLICATION CHECKLIST

- _____ Signed Application
- _____ Copy of Driver's License
- _____ OSBI Criminal History Report
- _____ Applicant Certifications
- _____ All Required Documents
 - 1 Photograph
 - Proof of Education OR Proof of Certification
 - Listing of all services and costs
 - Floor Plan (Digital)
- _____ **Requesting a Provisional License Certifications
 - Applicants that do not meet the educational or certification requirements may apply for a Provisional License provided that proof of enrollment is submitted.

Application must be completed in full and all required documents must be submitted via email before review will begin. The applicant is responsible for reading and understanding the application instructions and the licensing process. Failure to follow established procedures will delay the application.

FOR STAFF USE ONLY:

Code _____

Zoning _____

Inspections _____

Police Dept. _____

DATE SUBMITTED: _____

RECEIPT NO. _____

FEE: \$200.00

LICENSE APPROVED: _____



APPLICATION FOR MASSAGE THERAPIST

GENERAL INFORMATION & INSTRUCTIONS TO APPLICANTS

Community Development

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Del City OK 73115

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All applications must be completed in full, including all required supporting documentation.

Applicants must provide the supporting documentation before the application for license is processed. Applicants should note that all correspondence regarding applications will be conducted via electronic mail unless postal mail is requested. Requesting communication by postal mail will delay application processing.

Incomplete applications may be returned to the applicant, leading to substantial delay in processing and causing all current business operations to cease until license is issued.

Be sure to read these instructions carefully and completely before proceeding!

Application Completion:

1. Be sure to complete all required forms in their entirety. Application forms must be signed and notarized where required.
2. Two (2) passport size photographs are required.
3. The license application fee (\$200.00) is required to be submitted with the application.
4. An OSBI Criminal History Report.
5. Proof of successful completion of not less than 500 hours of massage studies from a state licensed or accredited massage school
OR
6. Proof of certification by the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB) or similar bona fide national organization approved by the Building Official.
7. For those individuals not operating in a massage establishment and conduct business off-premises, provide a sales tax number or an affidavit of no sales and a complete listing of all services, including the cost of each service.

Approval and Inspection Process:

1. Upon submission of an Application for Massage Therapist, an initial review is conducted to determine whether or not the application is complete. If the application is found to be incomplete, the applicant will be contacted to provide additional documentation. If the application is found to be complete, the file is forwarded to the Planning Division for a complete review.
2. The Planning Division reviews the application for compliance with applicable regulations and will determine if the license will be issued.

Applicant Signature

Date



MASSAGE THERAPIST LICENSE APPLICATION

**Community
Development
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Del City OK 73115
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APPLICANT NAME: _____

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

PHONE NUMBER: Daytime: _____ Cell: _____

E-MAIL ADDRESS: _____

COMPANY NAME: _____

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

PHONE NUMBER: _____ **FAX NUMBER:** _____

E-MAIL ADDRESS: _____

PLEASE CHECK THE LICENSE BOX YOU ARE APPLYING FOR AND SUBMIT THE APPROPRIATE FEE(S):

	NEW	RENEWAL
1. <input type="checkbox"/> Massage Therapist	<input type="checkbox"/> \$200.00	<input type="checkbox"/> \$100.00

- For Renewals, the City of Del City must have license on file from previous year. License must be renewed yearly.
- The City of Del City requires two (2) photographs be submitted and a copy of the applicant's current driver's license.
- The City of Del City requires every individual Massage Therapist to hold a current license with the City of Del City.**

APPLICANT'S SIGNATURE: _____

DATE: _____

FOR STAFF USE ONLY:

VERIFIED THE FOLLOWING INFO IS INCLUDED WITH APPLICATION:

OSBI CRIMINAL HISTORY REPORT: _____

PROOF OF EDUCATION/CERTIFICATION: _____

2 PHOTOGRAPHS (PASSPORT SIZE): _____

LICENSE NO: _____

INFO ENTERED: _____

INFO VERIFIED: _____

TOTAL FEES (\$): _____

RECEIPT NO: _____

APPLICANT CERTIFICATIONS

I certify that the information contained in this form, and in any attachments thereto, is complete, true, and accurate. _____ (initial)

I certify that I have read Ordinance No. 1363, Regulations for Massage Therapists. _____ (initial)

Furthermore, I realize that the City may conduct further background investigations. _____ (initial)

I understand that, by submitting this application, I agree to comply with all adopted codes and applicable laws/ordinances. _____ (initial)

I understand that any person or persons violating a provision of the Ordinance are subject to further action, including criminal prosecution. I understand that the penalty for failing to comply with the Ordinance may be a fine not to exceed seven hundred fifty (\$750.00) dollars plus court costs and / or up to sixty (60) days in jail. _____ (initial)

I hereby submit this application for a Massage Therapist license.

Applicant Signature

Date



Before me, the undersigned, a Notary Public in and for the State of Oklahoma, on this _____ day of _____, 20____, personally appeared _____ to me known to be the identical person (s) who executed the within and foregoing instrument, and acknowledged to me that (s) he / they executed the same as his / her / their free and voluntary act and deed for the uses and purposes therein set forth.

Notary Public

(seal)

My commission expires on the _____ day of _____, 20____.

APPLICANT CERTIFICATIONS

*****For Provisional Licenses Only***

I certify that the information contained in this form, and in any attachments thereto, is complete, true, and accurate.
_____ (initial)

I certify that I have read Ordinance No. 1363, Regulations for Massage Therapists. _____ (initial)

Furthermore, I certify that I am in the process of attaining the required educational hours or national certification required for a full Massage Therapist license and have included proof of enrollment or application for certification.
_____ (initial)

I understand that, by submitting this application, I agree to comply with all adopted codes and applicable laws/ordinances. _____ (initial)

I understand that any person or persons violating a provision of the Ordinance are subject to further action, including criminal prosecution. I understand that the penalty for failing to comply with the Ordinance may be a fine not to exceed seven hundred fifty (\$750.00) dollars plus court costs and / or up to sixty (60) days in jail. _____ (initial)

I hereby submit this application for a Provisional Massage Therapist license.

Applicant Signature

Date

Before me, the undersigned, a Notary Public in and for the State of Oklahoma, on this _____ day of _____, 20____, personally appeared _____ to me known to be the identical person (s) who executed the within and foregoing instrument, and acknowledged to me that (s) he / they executed the same as his / her / their free and voluntary act and deed for the uses and purposes therein set forth.

Notary Public

(seal)

My commission expires on the _____ day of _____, 20____.

Affidavit of No Sales

(Your Name & Address)

STATE OF OKLAHOMA)
) ss. **AFFIDAVIT OF NO SALES**
County of Oklahoma)

I, _____ of _____, Oklahoma, represents that the business/individual name, _____, in the attached application for Massage Therapy Establishment/Massage Therapist conducts no activities subject to any sales or excise tax levied by the City of Del City.

Signature

Print Name



Before me, the undersigned, a Notary Public in and for the State of Oklahoma, on this _____ day of _____, 20 _____, personally appeared _____ to me known to be the identical person (s) who executed the within and foregoing instrument, and acknowledged to me that (s) he / they executed the same as his / her / their free and voluntary act and deed for the uses and purposes therein set forth.

Notary Public

(seal)

My commission expires on the _____ day of _____, 20 _____.