Scott Lesher
Administrator

Brad Henry
Governor

STATE OF OKLAHOMA
DEPARTMENT OF CONSUMER CREDIT

NOTICE

The State of Oklahoma recently passed an immigration bill known as House Bill 1804, the Oklahoma Taxpayer and Citizen Protection Act of 2007. This bill went into effect on November 1, 2007.

One of the provisions of the bill is the requirement that all natural persons, including Sole Proprietorships, obtaining a license from all State Agencies must show lawful presence in the United States.

Attached are two affidavits (each person will choose one of these to sign):

- If you are a United States citizen, you will sign Form 1
- If you are a qualified alien and you can prove you are in the United States lawfully under the Federal Immigration and Naturalization Act, you will sign Form 2

You are either a citizen OR a qualified alien -- please do not submit both forms. Make additional copies of the forms as needed. These affidavits must be notarized. We cannot accept faxed or emailed copies of these forms. You will need to mail them to us. **Under Oklahoma law, we cannot issue your license without the proper affidavit(s).** United States citizens are not required to submit a new affidavit for license renewals. Qualified aliens must submit a new affidavit for each license renewal.

This is a requirement of the State of Oklahoma; our Department has no authority to address it. If you need further information, you may review the text of the bill by visiting the following web link:

http://www.oscn.net/applications/oscn/deliverdocument.asp?id=448995&hits

As always, we appreciate your spirit of cooperation.

Oklahoma Department of Consumer Credit

AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES

Form 1 - For U. S. Citizens

Section A (Applicant Information)

Affidavit of:

_____ _____
Name of Individual Applicant Company Name

Section B (Notary Public)

STATE OF _____

COUNTY OF _____

_____, of lawful age, being first duly
Printed Name of Individual Applicant
sworn, upon oath states under penalty of perjury as follows:

I am a United States citizen.

_____
Signature of Applicant

Subscribed and sworn to or affirmed before me this _____ day of _____, 20_____.

_____
Notary Public

(Seal)

_____
Commission Number

_____
My Commission Expires

Oklahoma Department of Consumer Credit

AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES

Form 2 - For Qualified Aliens

Section A (Applicant's Information)

Please type or print clearly. **You must include a copy of both the front and back of your green card with this form.**

Full Legal Name of Applicant: _____

Date of Birth: _____ Social Security Number: _____

Nationality: _____

Company Name: _____

Section B (Notary)

STATE OF _____

COUNTY OF _____

_____, of lawful age, being first duly sworn, upon oath
Printed Name of Individual Applicant
states under penalty of perjury as follows:

I am a qualified alien under the Federal Immigration and Naturalization Act, and I am lawfully present in the United States.

_____
Signature of Applicant

Subscribed and sworn to or affirmed before me this _____ day of _____, 20_____.

_____
Notary Public

(Seal)

_____
Commission Number

_____
My Commission Expires

REGISTRATION APPLICATION INSTRUCTIONS

To make application for an Oklahoma Health Spa Registration, all prescribed forms and additional required exhibits must be fully completed and mailed or delivered to:

Oklahoma Department of Consumer Credit
4545 N. Lincoln Blvd., Suite 164
Oklahoma City, OK 73105-3403

All fees required must be submitted with the application. Upon receipt of a complete package, a staff member will carefully review all documents and an independent investigation will be made into the experience, character and general fitness of the applicant(s). All applications are reviewed in the order in which they are received.

A complete application package for a Health Spa Registration is composed of:

I. **APPLICATION:** These pages are for information on the business to be licensed, including mailing address, location, ownership, etc. Complete all sections that apply. Be sure to sign and notarize.

II. **HEALTH SPA SURETY BOND OR LETTER OF CREDIT:** A bond applicable pursuant to Title 50, O.S., Section 2007. Be sure all signatures are affixed and include a copy of the bond with all attachments within your application. In lieu of the bond, a Letter of Credit issued by a bank insured by the Federal Deposit Insurance Corporation will suffice.

III. **PRESALE INFORMATION:** If the health spa offers or sells contracts or memberships, or health spa services on a presale basis, an account at a financial institution shall be established pursuant to Title 50, O.S., Section 2003, unless a current financial statement reflecting a net worth in excess of $1,000,000.00 (ONE MILLION DOLLARS) or total assets in excess of $5,000,000.00 (FIVE MILLION DOLLARS), or bond or letter of credit in the amount of $70,000.00 (SEVENTY THOUSAND DOLLARS) for spas that have been in continuous operation in Oklahoma for at least 18 (EIGHTEEN) months prior to the sale for prepayment contracts or membership agreements has been provided. Bond/Letter of Credit amounts are as follows:

Number of unexpired contracts or membership agreements exceeding 6 (SIX) months	Amount of bond or letter of credit
500 or less	$30,000.00
501 to 1000	$40,000.00
1001 to 1500	$50,000.00
1501 to 2000	$60,000.00
2001 or more	$70,000.00

IV. **STATUTORY FEE FOR INVESTIGATION AND REGISTRATION:** When making an application for a registration, the applicant shall pay $200.00 (TWO HUNDRED DOLLARS) non-refundable investigation fee, $300.00 (THREE HUNDRED DOLLARS) for each registration annually per the Oklahoma Health Spa Act for the current calendar year.

V. A COPY OF ALL BASIC DOCUMENTS ESTABLISHING THE ENTITY:

A. **Sole Proprietorship:**
1. A copy of the Certificate of Fictitious Name.

B. **General Partnerships:**
1. A copy of the partnership agreement signed by all parties involved.
2. If the partnership does business under an assumed or fictitious name, supply a copy of a Certificate of Fictitious Name.
3. A list of the names, addresses and telephone numbers of the partners.

C. **Limited Partnerships:**
1. A copy of the Limited Partnership Certificate filed with the Secretary of State. Such copy must show the date the document was filed.
2. If the partnership does business under an assumed or fictitious name, supply a copy of the Trade Name Report filed with the Secretary of State.
3. A list of the names, addresses and telephone numbers of the partners.

D. **Limited Liability Companies:**
1. A copy of the Certificate of Organization or Articles of Organization filed with the Secretary of State.
2. If doing business using a fictitious name, supply a copy of the Trade Name Report filed with the Secretary of State.
3. A list of the names, addresses and telephone numbers of each major stockholder, officers and directors of the LLC.

E. **Domestic Corporations:**
1. A copy of the Certificate of Incorporation or Articles of Incorporation filed with the Secretary of State.
2. If doing business using a fictitious name, supply a copy of the Trade Name Report filed with the Secretary of State.
3. A list of the names, addresses and telephone numbers of each major stockholder, officers and directors of the corporation.

F. **Foreign Corporations:**
1. A copy of the Certificate of Incorporation or Articles of Incorporation.
2. A Certificate of Authority showing that the applicant is authorized to transact business in their state of incorporation or in the State of Oklahoma.
3. If your business falls under one of the exemptions on the Secretary of State's instruction sheet, highlight the exemptions that apply and submit a copy with your application.
4. If doing business using a fictitious name, supply a copy of the Trade Name Report filed with the Secretary of State.
5. A list of the names, addresses and telephone numbers of each major stockholder, officers and directors of the Foreign Corporation.

For information concerning above items, contact:

Oklahoma Secretary of State
2300 N. Lincoln Blvd., Room 101
Oklahoma City, OK 73105
(405) 521-3912

If you are applying for a registration at an additional location, you must complete:

I. **APPLICATION:** These pages are for information on the business to be licensed, including mailing address, location, ownership, etc. Complete all sections that apply. Be sure to sign and notarize.

II. **FEE FOR INVESTIGATION, REGISTRATION AND EXAMINATION:** When making an application for a registration, the applicant shall pay $200.00 (TWO HUNDRED DOLLARS) non-refundable investigation fee, $300.00 (THREE HUNDRED DOLLARS) for each registration annually provided.

PLEASE RETAIN INSTRUCTIONS FOR FUTURE REFERENCE

REGISTRATION CHANGES

Registrations issued under the Health Spa Act are issued on the basis of representations made on the application and supporting documents. Any substantial change in the information included in the application must be reported to the Administrator immediately**.**

If any material misrepresentations or unreported changes of circumstances are subsequently discovered, the registration is subject to revocation after it has been issued.

Changes in location, ownership, partners, and in the principal parties at interest in a corporation must be submitted in writing for approval Thirty (30) Days prior to the effective date of the change.

REGISTRATION CHECKLIST

The checklist below is provided to help ensure that you submit a complete application.

TASKS TO BE COMPLETED:

I. **APPLICATION –** *SIGNED AND NOTARIZED*

II. **APPOINTMENT OF DESIGNATED AGENT**

III. **SURETY BOND OR LETTER OF CREDIT**

IV. **DOCUMENTS ESTABLISHING ENTITY:**

a. **SOLE PROPRIETORSHIP INFORMATION –** IF APPLICABLE

b. **PARTNERSHIP INFORMATION –** IF APPLICABLE

c. **DOMESTIC CORPORATION INFORMATION –** IF APPLICABLE

d. **LIMITED LIABILITY INFORMATION –** IF APPLICABLE

e. **FOREIGN CORPORATION INFORMATION –** IF APPLICABLE

REGISTRATION FOR HEALTH SPA

BEFORE THE ADMINISTRATOR)
OF THE DEPARTMENT OF)
CONSUMER CREDIT OF THE)
STATE OF OKLAHOMA IN THE)
MATTER OF THE APPLICATION)
OF:)
_____)
Name of business to be licensed

This application will not be processed unless accompanied by all required exhibits (as reflected on the Registration Application Instructions) and the statutory fees as follows:

A. $200.00 (TWO HUNDRED DOLLARS) non-refundable Investigation fee; $300.00 (THREE HUNDRED DOLLARS) Registration fee;
B. Surety Bond or Letter of Credit.

Pursuant to, and in accordance with the provisions of the Oklahoma HEALTH SPA Act, and for the purposes in said law set forth,

_____
Name of Applicant

HTTP:// _____ _____
Website E-Mail

I am *(please check your applicable category)*

____ A Person ____ Joint Stock Company or Trust ____ Corporation
____ Association ____ Co-Partnership ____ Limited Liability Company

With the principal office and/or mailing address located:

_____ _____
Street Address Telephone Number

_____ _____
City, State and Zip Facsimile

Hereby applies to the Administrator of the Department of Consumer Credit of the State of Oklahoma, for a Health Spa Registration for the calendar year ending December 31, _____, at the following location;

_____ _____
Street Address of Business Location Telephone Number

_____ _____
City, State and Zip Facsimile

For the purpose of securing same, applicant makes the foregoing and following sworn statements of fact:

DESIGNATED AGENT:

Full Name _____ Telephone Number _____

Address _____ City, State and Zip _____

A resident of the State of Oklahoma as agent upon whom may be served all judicial and other process or legal notice directed to this applicant.

A. To be completed only if the applicant is an individual:

Full Name _____

B. To be completed only if the applicant is a partnership:

Full Name of Partner _____ Full Name of Partner _____

Full Name of Partner _____ Full Name of Partner _____

Have Articles of Limited Partnership been filed with the Secretary of State? Yes___ No___

C. To be completed only if applicant is a limited liability company:

Full Name of Member _____ Full Name of Member _____

Full Name of Member _____ Full Name of Member _____

Have Articles of Limited Liability been filed with the Secretary of State? Yes___ No___

D. To be completed only if applicant is a corporation, association, joint stock company or trust:

OFFICERS:

Full Name of President _____ Full Name of Vice President _____

Full Name of Treasurer _____ Full Name of Secretary _____

DIRECTORS AND TRUSTEES:

Full Name of Director/Trustee _____ Full Name of Director/Trustee _____

Full Name of Director/Trustee _____ Full Name of Director/Trustee _____

Note: If there are additional officers, directors or trustees, please specify using additional sheets if necessary.

NAME AND RESIDENCE ADDRESS OF EACH OFFICER OR MAJOR STOCKHOLDER:

Name _____ Address _____

City, State and Zip _____

Name _____ Address _____

City, State and Zip _____

Name _____ Address _____

City, State and Zip _____

General Questions to be answered by all applicants:

1. Date of first opening:_____
   Date of first sale:_____

2. Is there now pending any legal, administrative actions or proceedings against you? Have you ever entered a plea of guilty or nolo contendere to, or been convicted of a felony or a misdemeanor; other than a traffic violation, involving fraud, misrepresentation or deceit?
   Yes_____ No_____ *(If yes, furnish details. Attach extra sheets if necessary.)*

   _____

   _____

Notary Public

Before me, the undersigned, personally appeared and being first duly sworn states that the applicant has executed this application this _____ day of _____, 20_____, and acknowledges that applicant is duly authorized to execute the application, and that all statements and representations made are true and correct to the best of applicant's knowledge and belief, and that all statements and supporting schedules are made for the purpose of inducing the Administrator of the Department of Consumer Credit of the State of Oklahoma to grant said application.

_____ _____
Name of Applicant Signature of Applicant

_____ _____
Name of Additional Applicant Signature of Additional Applicant

STATE OF _____

COUNTY OF _____

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20_____.

_____
Notary Public

(Seal)

_____
Commission Number

_____
My Commission Expires