



City of Moore Oklahoma

301 N. Broadway, Moore, Oklahoma 73160-5130 • (405) 793-5000 • www.cityofmoore.com

PERMIT APPLICATION FOR MASSAGE BUSINESS CITY CODE 9-1221 THROUGH 9-1231

Required information to be submitted with completed application:

Two front-face-portfolio photographs taken within 30 days of the date of application and at least two inches by two inches in size

A complete set of fingerprints taken and to be retained on file by the police chief or his authorized representatives.

Two forms of state or federal issued identification, at least one must have a picture of the applicant

A state criminal history report from the state bureau of investigation dated no more than 30 days prior to the date the application is submitted dated no more than 30 prior to date of application.

City of Moore Massage Business Licensing Fee: \$100.00 – Due Annually

ANSWER ALL QUESTIONS COMPLETELY! Incomplete applications will be returned immediately and will delay licensing.

Business Name _____ Address _____

Name of Applicant _____
Last First Middle

Maiden Name (if applicable) _____

Home Address _____
Street, Route or Box / Apartment Number City State Zip

Phone: (_____) _____ Date of Birth _____ Email _____

Height _____ Age _____ Eye Color _____ Weight _____ Hair Color _____ DL Number _____

State(s) Currently Licensed to Perform Massage Therapy _____

List two (2) previous addresses prior to current address:

1) _____
Street, Route or Box / Apartment Number City State Zip

2) _____
Street, Route or Box / Apartment Number City State Zip

Prior Experience:

List all prior massage or similar business experience for the past ten (10) years including the city & state

If the applicant has ever had a license to operate a massage business suspended or revoked please explain

Criminal History

Has the applicant ever been convicted of a felony or a crime involving moral turpitude, a crime involving sexual misconduct or an offence involving the use of force or violence upon someone or any other crime that would amount to a felony? If yes, explain

Complete list of employees/therapists

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AUTHORIZATION

I, _____ THE UNDERSIGNED APPLICANT DO HEREBY AUTHORIZE THE CITY OF MOORE, ITS AGENTS OR ANYONE DESIGNATED BY THE CITY OF MOORE TO CONTACT ANY SOURCE TO VERIFY THE INFORMATION SUPPLIED IN THIS APPLICATION.

APPLICANT'S SIGNATURE _____ DATE _____

DECLARATION

I, _____ THE UNDERSIGNED APPLICANT UNDER PENALTY OF PERJURY DO HEREBY DECLARE THAT I HAVE EXAMINED THIS APPLICATION AND ALL STATEMENTS CONTAINED HEREIN AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THEY ARE TRUE, CORRECT AND COMPLETE.

APPLICANT'S SIGNATURE _____ DATE _____