



**The City of
OKLAHOMA CITY
Development Services Department**

420 W. Main, 8th Floor, Oklahoma City, Ok 73102
Massage Establishment Affidavit

State of _____ }

County of _____ }

I, _____ of _____,
(Applicant) (Applicant's Address)

Owner of _____
Name of Establishment and Address

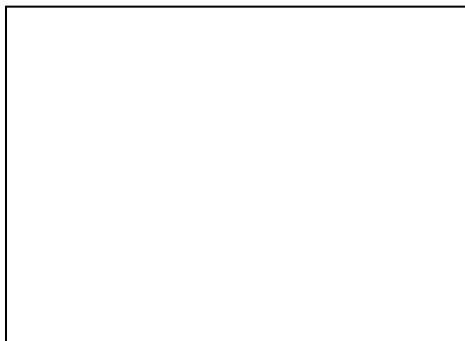
Being first duly sworn, deposes and says UNDER PENALTY of PERJURY that the statements contained herein are true and correct, with full knowledge and consent that my police records and employment records are subject to a background investigation pursuant to Oklahoma City Municipal Code Section 28-27(a)(6) without further notice, 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.

Applicant's Name:(Printed) _____

Applicant's Signature: _____ Date _____

For Notary Only:

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



Seal

Notary Public

My Commission Expires: _____

My Commission Number: _____