

**Roy B. Hooper**  
Administrator



**Brad Henry**  
Governor

**Jack R. Stone**  
Deputy Administrator

**Jari Askins**  
Lieutenant 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 obtaining a license from the Department of Consumer Credit must show lawful presence in the United States.

You must submit an affidavit if:

- You are licensed individually as a Mortgage Loan Originator (MLO) or a Precious Metals Employee (PME)
- Your company is licensed, but the business is *not* Incorporated or a Limited Liability Company

**You do not need to submit an affidavit if your business is registered as a corporation or an LLC.** Please note that only those businesses that are legally incorporated or registered as LLCs are exempt from this requirement.

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

All partners and owners of the company must complete and submit one of the appropriate affidavits. **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 or renew your license without the proper affidavit(s).**

Please do not call the Department with questions about the bill. (You are welcome to call us with questions about your application.) This is a requirement of the State of Oklahoma; our Department has no authority to address it. If you need further information, you may call the Oklahoma House of Representatives at 1-800-522-8502, or 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

SPA

**Form 1 - For U. S. Citizens**

**Affidavit of**

\_\_\_\_\_  
[Name of Individual Applicant]

\_\_\_\_\_  
[Company Name]

STATE OF \_\_\_\_\_ )

\_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_, of lawful age, being first duly sworn,  
[Printed Name of Individual Applicant]

**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: \_\_\_\_\_

Commission Number: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

(Seal)

AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES

SPA

**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,

[Printed Name of Individual Applicant]

**upon oath 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: \_\_\_\_\_

Commission Number: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

(Seal)

## OKLAHOMA HEALTH SPA REGISTRATION APPLICATION

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## 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:

**Office of the Administrator**  
**Oklahoma Department of Consumer Credit**  
**4545 N. Lincoln Blvd., Suite 164**  
**Oklahoma City, OK 73105-3408**

All fees required must be submitted with the application. If incomplete, the application and fees will be returned, outlining missing requirements.

**DO NOT RESUBMIT UNTIL COMPLETE.** Upon receipt of a **complete package**, a staff member will carefully review all documents.

All applications are reviewed in the order in which they are received. Any application received without all required information, notaries and signatures will be returned for completion. *The reviewing process may take up to Sixty (60) Days from the receipt date of a complete application package.*

## REGISTRATION REQUIREMENTS

(The forms listed below are included in this packet)

### A COMPLETE APPLICATION PACKAGE FOR A HEALTH SPA REGISTRATION IS COMPOSED OF:

- I. **APPLICATION: (pages 6-8)** These pages are for information on the business to be registered, including mailing address, location, ownership, etc. Complete all sections that apply. Be sure to sign and notarize.
- II. **PERSONAL AFFIDAVIT FORM: (pages 9-11)** These pages are personal information sheets on all officers and directors and top stockholders of a corporate applicant; by all members of a limited liability Applicant; by every partner of a partnership Applicant; and by the owner when applicant is a sole proprietorship. **Be sure all forms are signed and notarized by each individual described in this paragraph.** Make additional copies if needed.
- III. **HEALTH SPA SURETY BOND FORM: (page 12)** This page is for the bond which may be applicable pursuant to Title 59, O.S., Section 2007. Take this form to the agent you are purchasing your bond from. Be sure all signatures are affixed and include the original 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,. Refer to the above mentioned section for required amounts.
- IV. **DESIGNATED AGENT FORM: (page 13)** This page is for appointing a resident or corporation of Oklahoma to accept service of process for your business. Be sure form is signed by the Applicant.
- V. **CERTIFICATE OF FICTITIOUS NAME: (pages 14-16)** *For Sole Proprietorships and General or Limited Partnerships:* If doing business using a fictitious name, a filed copy of the **Certificate of Fictitious Name** must be submitted for sole proprietorships and general partnerships. Contact the county clerk's office in which the business is to be located. Instructions on how to file enclosed.
- VI. **BUSINESS FORMS:** Copies of all business forms to be used in the business.
  - A. Contracts to be executed with customers;
  - B. Truth in Lending compliance forms;
- VII. **A COPY OF ALL BASIC DOCUMENTS ESTABLISHING THE ENTITY:**
  - A. **FOR 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 and their degree of ownership.
  - B. **FOR LIMITED PARTNERSHIPS:**
    1. A copy of all documents submitted to the Office of the Oklahoma Secretary of State. Such copies must show the date the documents were 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 and their degree of ownership.

**C. FOR LIMITED LIABILITY COMPANIES:**

1. A copy of the Articles of Organization and Certificate 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 the three largest shareholders, officers and directors of the LLC.

**D. FOR DOMESTIC CORPORATIONS:**

1. A copy of the Articles of Incorporation and Certificate 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 the three largest shareholders, officers and directors of the corporation.

**E. FOR FOREIGN CORPORATIONS:**

1. A certificate duly executed not more than THIRTY (30) DAYS prior to the filing of the application by the proper officer showing that the Applicant is authorized to transact business in the state of incorporation.
2. A designation of the corporation's principal agent in Oklahoma, giving both name and address.
3. A copy of the Articles of Incorporation.
4. A Certificate of Authority issued by the Oklahoma Secretary of State.
5. If your business falls under one of the exemptions on the Secretary of State instructions sheet, highlight the exemptions that apply and submit a copy with your application.
6. If doing business using a fictitious name, supply a copy of the Trade Name Report filed with the Secretary of State.
7. A list of the names, addresses and telephone numbers of the three largest shareholders, officers and directors of the Foreign Corporation.

For information concerning above items, contact:

**Oklahoma Secretary of State  
101 State Capitol Building  
Oklahoma City, OK 73105 (405) 521-3911**

- VIII. STATUTORY FEE FOR REGISTRATION:** When registering one or more locations, the registrant shall pay **\$200.00 (TWO HUNDRED DOLLARS)** for each registration as the annual fee provided in the Oklahoma Health Spa Act for the current calendar year.

**REGISTRATION FEES AND RENEWAL REQUIREMENTS**

When investigation, analysis, and approval of the application is complete, your license will be mailed to the designated address on the application for branch locations. In the case of a new license you will be contacted by a Department representative to schedule an appointment to pick up your license.

**This registration is to be prominently displayed in the licensed office so long as the registrant operates under the Oklahoma Health Spa Act. In all correspondence or communication with this office subsequent to registration, the registrant shall show the assigned number.**

The registrant is to submit a renewal fee of **\$200.00 (TWO HUNDRED DOLLARS)** prior to December 1<sup>st</sup> of each year and in no instance later than FIFTEEN (15) DAYS after written notification from the Administrator that the renewal fee has not been received. Renewals received after December 31<sup>st</sup> will be returned and your registration will subsequently expire.

**Renewal of the license is the responsibility of each registrant.** Notice of this renewal is mailed by the Department and records of delinquent filings become a permanent part of the registration file.

The Administrator or his duly authorized representative may investigate the books, accounts, papers, correspondence and records of any registrant or other person holding a registration, for the purpose of establishing compliance with the Rules of the Administrator.

## RULES OF THE ADMINISTRATOR

Official copies of the Rules of the Administrator may be obtained by contacting the **Office of Administrative Rules** located at **220 Will Rogers Building** in **Oklahoma City**. Telephone number is **(405) 521-4911** and mailing address:

**OFFICE OF ADMINISTRATIVE RULES**  
**PO Box 53390**  
**Oklahoma City, Oklahoma 73152**

Copies are available at a cost of **25 cents per page**. When you request to purchase these Rules from the **Office of Administrative Rules**, the person will need to know that you need to purchase **Title 160, chapter (s) -**

| <u>Chapter</u>   | <u>Section</u> |
|--|----------------|
| 1. Organization  | 160:1          |
| 3. Procedure   | 160:3          |
| 5. Fees (general information)  | 160:5          |
| 10. Consumer Leasing   | 160:10         |
| 15. Pawn Transactions  | 160:15         |
| 20. Changes in Dollar Amounts  | 160:20         |
| 25. Credit Features Exempted from Advance Notice of Changes in Terms | 160:25         |
| 30. Credit Services Organizations                                    | 160:30         |
| 35. Oklahoma Rental Purchase Act                                     | 160:35         |
| 40. Garnishment Limitations  | 160:40         |
| 45. Truth in Lending   | 160:45         |
| 50. Health Spas  | 160:50         |
| 55. Mortgage Brokers   | 160:55         |
| 65. Supervised Lenders   | 160:65         |
| 70. Deferred Deposit Lenders   | 160:70         |

Unofficial rules may be downloaded at the Commission on Consumer Credit web address: <http://www.okdccc.state.ok.us>.

### REGISTRANT CHANGES (ADDRESS, ETC.)

Registrations issued under the Oklahoma 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.***

#### **Title 59, O.S. Section 2007. Bond or letter of credit required.**

**A. 1. Every health spa, before it enters into a health spa contract or membership agreement or accepts an initiation or prepayment fee in excess of **Fifty Dollars (\$50.00)**, shall file and maintain with the Administrator, in form and substance satisfactory to him, a bond with a corporate surety, from a company authorized to transact business in this state or a letter of credit from a bank insured by the Federal Deposit Insurance Corporation in the amounts indicated below:**

| Number of unexpired contracts or memberships: | Amount of bond or letters of agreement exceeding six (6) months: |
|---|--|
| 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  |

## REGISTRATION APPLICATION CHECKLIST

***\*The checklist below is provided to help ensure that you submit a complete application.  
 Any application received that is not complete will be returned. \****

| <b><u>TASKS TO BE COMPLETED:</u></b> |  | <b>X</b>                 |
|--------------------------------------|--|--------------------------|
| <b>1.</b>                            | <b>APPLICATION -</b> <i>SIGNED AND NOTARIZED (INCLUDE FEES OF \$200)</i>             | <input type="checkbox"/> |
| <b>2.</b>                            | <b>PERSONAL AFFIDAVIT(S) -</b> <i>(BE SURE TO SIGN AND NOTARIZE)</i>                 | <input type="checkbox"/> |
| <b>3.</b>                            | <b>APPOINTMENT OF DESIGNATED AGENT -</b> <i>(BE SURE TO SIGN)</i>                    | <input type="checkbox"/> |
| <b>4.</b>                            | <b>SURETY BOND OR LETTER OF CREDIT -</b> <i>(BE SURE ALL SIGNATURES ARE PRESENT)</i> | <input type="checkbox"/> |
| <b>5.</b>                            | <b>CERTIFICATE OF FICTITIOUS NAME</b> <i>(IF APPLICABLE) (COUNTY CLERK)</i>          | <input type="checkbox"/> |
|                                      | <b>TRADE NAME REPORT</b> <i>(IF APPLICABLE) (SECRETARY OF STATE)</i>                 | <input type="checkbox"/> |
| <b>6.</b>                            | <b>DOCUMENTS ESTABLISHING ENTITY:</b>  | <input type="checkbox"/> |
|                                      | <b>PARTNERSHIP AGREEMENT</b> <i>(IF APPLICABLE)</i>                                  | <input type="checkbox"/> |
|                                      | <b>DOMESTIC CORPORATION INFORMATION</b> <i>(IF APPLICABLE)</i>                       | <input type="checkbox"/> |
|                                      | <b>LIMITED LIABILITY INFORMATION</b> <i>(IF APPLICABLE)</i>                          | <input type="checkbox"/> |
|                                      | <b>FOREIGN CORPORATION INFORMATION</b> <i>(IF APPLICABLE)</i>                        | <input type="checkbox"/> |
| <b>7.</b>                            | <b>COPIES OF FORMS TO BE USED</b>  | <input type="checkbox"/> |

### **PLEASE RETAIN INSTRUCTIONS FOR FUTURE REFERENCE**

Please contact the Oklahoma Department of Commerce for information regarding additional licensing you may need at  
 1 (800) 879-6552

<http://busdev3.odoc5.odoc.state.ok.us>

*(Click on "Developing Your Business", then on the next page, the "Business Licensing Program" link)*

(HEALTH SPA REGISTRATION APPLICATION BEGINS ON NEXT PAGE)



**APPLICATION FOR HEALTH SPA REGISTRATION**

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 registered)

**This application will not be processed unless accompanied by all required exhibits and the statutory fees as follows:**

- A. **\$200.00 (TWO HUNDRED DOLLARS)** registration fee
- B. Every registrant shall file herewith a bond or letter of credit equal to the schedule show below:
  - 1. Registrants filing bonds must do so on the form furnished by the Administrator.
  - 2. Registrants filing letters of credit must do so through a bank insured by the Federal Deposit Insurance Corporation.

| Number of unexpired contracts <u>exceeding six (6) months</u> | Amount of bond or <u>letter of credit</u> |
|---|---|
| 500 OR LESS.....  | \$30,000.00                               |
| 501-1000.....   | \$40,000.00                               |
| 1001-1500.....  | \$50,000.00                               |
| 1501-2000.....  | \$60,000.00                               |
| 2001 OR MORE.....   | \$70,000.00                               |

No owner shall be required to file with the Administrator bonds or letters of credit in excess of **\$70,000.00 (SEVENTY THOUSAND DOLLARS)**. If the \$70,000.00 limit is applicable, the bonds or letters of credit filed by such owner shall apply to all Health Spa Registrations owned or operated by the same owner.

**THIS FORM MAY BE COMPLETED ONLINE AND PRINTED OUT, OR PRINTED THEN COMPLETED IN INK, OR USE TYPEWRITER.**  
**ANSWER ALL QUESTIONS. STRIKE OUT ANY OPTIONAL WORDS WHICH DO NOT APPLY.**  
**ATTACH ADDITIONAL SHEETS IF NECESSARY TO FULLY ANSWER ALL QUESTIONS.**

**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:// \_\_\_\_\_  
 E-Mail Website

~I am (please check your applicable category)

A Person \_\_\_ Association \_\_\_ Joint Stock Company or Trust \_\_\_ Co-Partnership \_\_\_ Corporation \_\_\_ or Limited Liability Company \_\_\_  
 (Attach evidence of sole proprietorship, corporate, partnership or L.L.C. status)

With his/her/its principal office and/or mailing address located at:

\_\_\_\_\_ Telephone \_\_\_\_\_  
 Number and Street of mailing address

\_\_\_\_\_ Fax \_\_\_\_\_  
 City, State and Zip

**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, 20 \_\_\_\_\_, at the following location;**

\_\_\_\_\_ Telephone \_\_\_\_\_  
 Number and Street of business location

\_\_\_\_\_ Fax \_\_\_\_\_  
 City, State and Zip



General Questions to be answered by all applicants:

1. Date of first opening: \_\_\_\_\_

Date of first sale: \_\_\_\_\_

Have registrants owned or operated a health spa in this or any other state prior to the date of this filing?

Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, furnish list of states.)

2. Have you ever had a license to operate a Health Spa revoked, suspended, or denied?

Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, furnish details.)

In the event of the issuance of this license, applicant will abide by all rules and regulations issued by the Administrator. In the event of a change of either mailing or business address, applicant agrees to provide at least thirty (30) days written advance notice. In the event of any significant change in any other facts stated in the application, written notice of said change will, within ten (10) days thereafter, be forwarded to the Administrator, setting forth the change made and the names of the persons involved therein.

IN WITNESS WHEREOF, the applicant herein named has caused the foregoing application to be executed, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, and acknowledges that all statements made herein, 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 Registrant*

ATTEST: Corporate Secretary \_\_\_\_\_

\_\_\_\_\_  
*Name of Registrant - if needed*

State of: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Registrant - if needed*

County of: \_\_\_\_\_

The person or persons whose signatures appear above personally appeared before the undersigned, a NOTARY PUBLIC, in and for the above named county and state, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, and acknowledged the execution of the foregoing instrument to be the voluntary act and deed of the applicant therein named and for the purpose therein set forth, that they are duly authorized to execute the foregoing instrument, and that the statements and representations therein contained are true to the best of their knowledge and belief.



\_\_\_\_\_  
Notary

\_\_\_\_\_  
My Commission Expires



**7. Occupational record during the last ten (10) years:**

**NOTE:** All periods of time must be accounted for; periods of unemployment should be indicated and dates given. Provide date, name and address of employer, position held and nature of the duties performed

**8. Have you ever been directly or indirectly connected with any Health Spa Organization in Oklahoma or elsewhere, which had its application for license refused by any federal, state or municipal authority, or which withdrew such application to avoid a refusal, or which withdrew such application by request (exclusive of refusal or withdrawal because of restricted competition policy), or which had its license or registration suspended, cancelled, or revoked by such authority? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, furnish details.)**

**9. Have you ever been, or has any organization with which you were associated as an officer, partner, owner, employee or otherwise been involved in any voluntary or involuntary bankruptcy, receivership or insolvency proceedings? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, furnish details.)**

**10. Have you ever entered a plea of guilty or nolo contendere to, or been convicted of a crime which carries a penalty of ONE (1) YEAR or more in a penal institution? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, furnish details.)**

**11. Have you ever been held liable in any civil fraud action and been found, in a proceeding before any legislative or administrative agency of the federal government or any state government or of any political subdivision of either of them, to have committed fraud?**

Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, furnish details.)

**12. Is there now pending before any judicial, legislative or administrative agency of the federal government, of any state government or of any political subdivision of either of them any proceeding charging registrant with actual or constructive fraud?**

Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, furnish details.)

The person completing this form hereby states that the information contained herein is true and correct to the best of applicant's knowledge and belief and that said applicant has the authority to execute this application.

\_\_\_\_\_  
*Signature of Person Completing this Form*

### Notarization

State of: \_\_\_\_\_

County of: \_\_\_\_\_

The person or persons whose signatures appear above personally appeared before the undersigned, a NOTARY PUBLIC, in and for the above named county and state, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and acknowledged the execution of the foregoing instrument to be the voluntary act and deed of the applicant therein named and for the purpose therein set forth, that they are duly authorized to execute the foregoing instrument, and that the statements and representations therein contained are true to the best of their knowledge and belief.



\_\_\_\_\_  
Notary

\_\_\_\_\_  
My Commission Expires

**STATE OF OKLAHOMA  
DEPARTMENT OF CONSUMER CREDIT  
HEALTH SPA REGISTRATION BOND**

KNOW ALL MEN BY THESE PRESENT THAT \_\_\_\_\_,  
*(NAME OR PRINCIPAL/BUSINESS)*  
\_\_\_\_\_ of \_\_\_\_\_,  
*(Street Address)* *(City, State & Zip)*  
in the County of \_\_\_\_\_, State of \_\_\_\_\_,  
as Principal, and \_\_\_\_\_,  
*(Surety Company)*

a corporation duly organized and existing under the laws of \_\_\_\_\_, and being duly qualified to transact business in the State of Oklahoma, as Surety, are holden and stand firmly bound unto the Administrator of the Department of Consumer Credit of the State of Oklahoma, for the use of the State and any person or persons who may have a cause of action against the obligor of this bond under the provisions of OKLAHOMA HEALTH SPA ACT, in the just sum of \_\_\_\_\_ THOUSAND DOLLARS (\$ \_\_\_\_\_) to be paid to the said Administrator as aforesaid, or his successor in office, to which payment will and truly be made, we hereby jointly and severally bind ourselves, our respective heirs, executors and administrators, successors and assign, firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH THAT if said \_\_\_\_\_,  
*(Principal)*  
its/his officers, agents or employees shall faithfully observe and comply with all of the provisions of the aforesaid statute, then this obligation shall be void; otherwise to be and remain in full force and virtue in law, until cancelled; provided, however, that no cancellation by the surety shall be effective unless and until written notice of intention to cancel this bond has been filed with the Administrator for a period of THIRTY (30) DAYS prior to the date fixed in said notice of cancellation.

IN WITNESS WHEREOF we have hereunto set our hands and seals this \_\_\_\_\_ day of \_\_\_\_\_ of the year 20\_\_\_\_\_.

\_\_\_\_\_  
*(Applicant)*

By: \_\_\_\_\_

\_\_\_\_\_  
*(Surety)*

Countersigned: \_\_\_\_\_  
By: \_\_\_\_\_

\_\_\_\_\_  
*(Oklahoma Resident Agent)*

Bond Number \_\_\_\_\_

**Do Not Write Below This Line**

Approved this \_\_\_\_\_ day of \_\_\_\_\_ of the year 20\_\_\_\_\_.

\_\_\_\_\_  
*(Administrator's Signature)*

**APPOINTMENT OF DESIGNATED AGENT AND CONSENT TO SERVICE**

***TO BE COMPLETED BY ALL APPLICANTS***

The undersigned \_\_\_\_\_ being  
(Name of Applicant/Business)  
an applicant for or holder of an **Oklahoma Health Spa Registration** under the provisions of Title 59 of the Oklahoma Statutes, Chapter 46, Section 2000 through and including 2011, does hereby appoint:

\_\_\_\_\_  
(Name in Full)

of \_\_\_\_\_  
(Resident Address)

\_\_\_\_\_  
(City, State, Zip) \_\_\_\_\_ (Telephone)

a resident of the State of Oklahoma and County of \_\_\_\_\_  
as agent upon whom may be served all judicial and other process or legal notice directed to this applicant; and in the case of the death, removal from the state, or any legal disability or disqualification of such agent, service of all such judicial and other processes of legal notice may be made upon the Administrator of the Department of Consumer Credit, State of Oklahoma.

**IN WITNESS WHEREOF**, the above named applicant has caused this instrument to be signed this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_\_.

**NOTE:** This consent must be signed by the proper officers, duly authorized by resolution of the Board of Directors and a copy of the said resolution duly executed should be attached hereto.

**CORPORATE SEAL**

\_\_\_\_\_  
*Name of Applicant/Business*

\_\_\_\_\_  
*Signature of Registrant*

\_\_\_\_\_  
*Signature of Registrant - If needed*

\_\_\_\_\_  
*Signature of Registrant - If needed*

\_\_\_\_\_  
*Signature of Registrant - If needed*



## INSTRUCTIONS ON HOW TO FILE A CERTIFICATE OF FICTITIOUS NAME

1. A Certificate of Fictitious Name is a name used for a business when any name except the name of the owner is used; i.e. John Doe doing business as Ace Credit Services.
2. To form a corporation, contact the Oklahoma Secretary of State at (405) 521-3911.
3. To form a limited partnership, contact the Oklahoma Secretary of State.
4. To form a limited liability company, contact the Oklahoma Secretary of State.
5. When you have chosen the name you want to use for your business, contact your county clerk's office to be sure the name is not already in use.
6. Contact the Oklahoma Secretary of State to make sure the name you choose is not already being used as a corporate, limited partnership or limited liability name.
7. There is no form for a Certificate of Fictitious Name. Draw up your own using the enclosed guideline as an example.
8. Be sure to have your signature(s) notarized.
9. Be sure to show your return address on the face of your certificate.
10. Publication is optional for sole proprietors.
11. Limited partnerships are not required to publish, but must be on file with the Secretary of State.
12. General Partnerships: Take a copy of your certificate to any newspaper in the county in which you file and have it published for one day. Obtain a publishers Affidavit and attach it to your original certificate.
13. A Certificate of Fictitious name is to be filed in the county in which the principal place of business is located.
14. Check with your county clerks for filing fee.

**GUIDE FOR TYPING YOUR CERTIFICATE OF FICTITIOUS NAME**  
**SOLE OWNERSHIP**

NOTE: This is a guide, not a form to fill in the spaces. Type your own certificate giving all required information. If necessary, you may change the wording to fit your needs.

**Certificate of Fictitious Name of**  
**(Name you have chosen)**

KNOW ALL MEN BY THESE PRESENT:

That (your name and address), is the sole owner and operator of (type of business), under the firm name of (name of business), and that said business is a sole ownership, dating from the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_; and that there are no other members belonging to the sole ownership.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Owner

State of: \_\_\_\_\_

County of: \_\_\_\_\_

Before me, the undersigned authority, being duly sworn according to law, deposes and says that the statements contained herein are true and correct.

\_\_\_\_\_  
Notary

SEAL

\_\_\_\_\_  
My Commission Expires

**Return to:**    Your name  
                  Your return address  
                  Your city, state and zip

**GUIDE FOR TYPING YOUR CERTIFICATE OF FICTITIOUS NAME**  
**GENERAL PARTNERSHIP**

NOTE: This is a guide, not a form to fill in the spaces. Type your own certificate giving all required information. If necessary, you may change the wording to fit your needs. (For instance, if a partner does not live in Oklahoma County, give county where each lives).

**Certificate of Fictitious Name of**  
**(Name you have chosen)**

KNOW ALL MEN BY THESE PRESENT:

That the following named persons are associated as partners in the business of ownership and management of *(type of business)*, under the firm name of *(name of business)*. That said partnership is a general or limited partnership, dating from the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_. That the principals' place of business for this partnership is *(give complete address including name of one person or service at that location).*

General Partners

Residence Address

1. \_\_\_\_\_

2. \_\_\_\_\_

Limited Partners

Residence Address

1. \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_  
Signature of Partner

\_\_\_\_\_  
Signature of Partner

State of: \_\_\_\_\_

County of: \_\_\_\_\_

Before me, the undersigned authority, being duly sworn according to law, deposes and says that the statements contained herein are true and correct.

\_\_\_\_\_  
Notary

SEAL

\_\_\_\_\_  
My Commission Expires