

BEFORE THE ADMINISTRATOR OF CONSUMER CREDIT
STATE OF OKLAHOMA

STATE OF OKLAHOMA ex rel.)
DEPARTMENT OF CONSUMER CREDIT,))
Petitioner))
v.) Case No. 25-0127-DIS
WIENS FAMILY OPTIMUM))
HEALTH, LLC,))
D/B/A HOTWORX))
(TULSA DOWNTOWN)))
Respondent))

FILED FEBRUARY 18, 2026
STATE OF OKLAHOMA
DEPARTMENT OF
CONSUMER CREDIT

CONSENT ORDER

Petitioner, State of Oklahoma ex rel. Department of Consumer Credit ("Petitioner") and Respondent, Wiens Family Optimum Health, LLC d/b/a Hotworx Tulsa Downtown, ("Respondent") voluntarily enter into this Consent Order as an informal disposition of this individual proceeding to avoid litigation. Respondent agrees to waive its right to a hearing under the Oklahoma Administrative Procedures Act and both parties agree as follows:

(1) Petitioner restates and incorporates by reference the allegations made by Petitioner in the Notice of Hearing filed in this matter.

i. Respondent is a domestic limited liability company under the jurisdiction of the State of Oklahoma, Oklahoma Secretary of State filing number 3512980022, active filing status.

ii. Respondent transacts business at 302 S. Frankfort Ave, Ste. B, Tulsa, OK 74120.

iii. On September 3, 2025, Jimmie Ray and Michael Thompson, Consumer Credit Investigators, visited Respondent's location and spoke with Amelia Ham, Manager. Ms. Ham stated Respondent has been in business since 2022 and Respondent's corporate name is Wiens Family Optimum Health, LLC. Ms. Ham advised that members can sign up online at Respondent's website. Upon request, the Investigators took a photocopy

of a membership agreement. On October 21, 2025, the Investigators called Ms. Ham and requested a current membership agreement be sent to them via email. Ms. Ham emailed a membership agreement dated 9/10/25 which showed 6 billing payments of \$79.00 per month and an initial enrollment fee of \$5.00. If the member cancels before the end of the initial term, the member will be liable for a \$99-dollar early cancellation fee. Respondent is engaged in a program of physical exercise, which includes a weight-lifting room, exercising machines, and is engaged in the sale of the right or privilege to use exercise equipment or facilities. A review of Petitioner's database shows Respondent does not have a Health Spa license with Petitioner.

iv. As of the date of the Notice and Order of Hearing, Respondent was operating without a Health Spa License.

v. On January 16, 2026, Petitioner received a Health Spa license application from Respondent.

(2) Respondent does not admit to the allegations made by Petitioner in the Notice of Hearing filed in this matter and incorporated by reference in this Consent Order, except that Respondent admits the facts necessary to establish the Department's jurisdiction over Respondent and the subject matter of this action.

(3) Respondent agrees to pay a \$1,250.00 civil penalty payable to the Oklahoma Department of Consumer Credit, on or before February 26, 2026.

(4) The payment shall be made payable by check or money order to the Oklahoma Department of Consumer Credit, shall indicate the payment is for Case Number 25-0127-DIS and shall be addressed to the attention of John T. Coyne, Chief Enforcement Attorney, Department of Consumer Credit, 629 NE 28th Street, Oklahoma City, Oklahoma 73105.

(5) A file stamped copy of this Consent Order will be returned to Respondent upon signature of the Administrator of the Department of Consumer Credit or the Deputy Administrator of the Department Consumer Credit.

(6) If Respondent fails to comply with the terms of this Consent Order, the Administrator of the Department of Consumer Credit is authorized to file an application to enforce this Consent Order in the District Court of Oklahoma County, Oklahoma in accordance with the provisions of 14 O.S. § 6-113(4).



Scott Lesher
Administrator
State of Oklahoma
Department of Consumer Credit

Dated: 2/18/26



Wiens Family Optimum Health LLC
d/b/a Hotworx Tulsa Downtown

Dated: 1/29/2026



VERIFICATION OF CONSENT ORDER, CASE NUMBER 25-0127-DIS

STATE OF _____)

COUNTY OF _____)

Signed and sworn to (or affirmed) before me by a representative
of Wiens Family Optimum Health LLC d/b/a Hotworx Tulsa Downtown
on 1/29, 2026.

[Redacted]

Wiens Family Optimum Health LLC
d/b/a Hotworx Tulsa Downtown

(Seal, if any)

Title (and Rank) : Notary Public

My commission expires:

02-24-2027

