

**GOVERNOR' S OFFICE OF CONSUMER PROTECTION**

**Health Spa Change of Ownership Form**

*Please complete this form and attach the documents indicated in the checklist on the following page.  
Return these items to: Governor's Office of Consumer Protection, 2 Martin Luther King, Jr. Drive SE, Suite 356,  
Atlanta, Georgia 30334-9077.*

1. Name of person completing this form: \_\_\_\_\_
2. (Former) business name: \_\_\_\_\_
3. You were the \_\_\_\_ manager \_\_\_\_ owner \_\_\_\_ other (Please explain): \_\_\_\_\_
4. Name(s) of previous owner(s) if other than yourself: \_\_\_\_\_  
\_\_\_\_\_
5. Date of sale or transfer: \_\_\_\_\_
6. To whom was the business sold? \_\_\_\_\_
7. Are you now affiliated with the business as it is currently organized? \_\_\_\_\_ Yes \_\_\_\_\_ No
8. If you are no longer with this business, please provide the name, address and telephone number of the person we should contact: \_\_\_\_\_  
\_\_\_\_\_

***After completing items 1 through 8, if you are not now involved with this business, please skip to the end of the next page, sign form and return to our office, along with the information verification sheet you received.***

9. Current business name: \_\_\_\_\_  
Address of facility: \_\_\_\_\_  
Phone number: ( ) \_\_\_\_\_
10. You are the \_\_\_\_ manager \_\_\_\_ owner \_\_\_\_ other (Please explain): \_\_\_\_\_
11. Check and complete either a, b or c regarding current owner:  
  
a) *Corporation:* \_\_\_\_\_  
  
Name of corporation: \_\_\_\_\_  
Tax identification number: \_\_\_\_\_  
Registered agent: \_\_\_\_\_  
Registered address: \_\_\_\_\_  
  
Phone number: ( ) \_\_\_\_\_ Fax number: ( ) \_\_\_\_\_  
E-mail address: \_\_\_\_\_

b) *Partnership:* \_\_\_\_\_

Name of partnership: \_\_\_\_\_

Tax identification number: \_\_\_\_\_

*(List all partners, using a separate sheet if additional space is needed.)*

Partner' s name \_\_\_\_\_ Partner' s name \_\_\_\_\_

Office address \_\_\_\_\_ Office address: \_\_\_\_\_

Office phone number: ( ) \_\_\_\_\_ Office phone number: ( ) \_\_\_\_\_

Fax number: ( ) \_\_\_\_\_ Fax number: ( ) \_\_\_\_\_

E-mail address: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Alternate address: \_\_\_\_\_ Alternate address \_\_\_\_\_

Alt. phone number: ( ) \_\_\_\_\_ Alt. phone number: ( ) \_\_\_\_\_

c) *Sole ownership:* \_\_\_\_\_ *(If multiple owners, identify the required information for each owner.)*

Name of owner: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Office address: \_\_\_\_\_

Office phone number: ( ) \_\_\_\_\_ Fax number: ( ) \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone number: ( ) \_\_\_\_\_ E-mail address: \_\_\_\_\_

12. Name, address and telephone number of bank/ trust company where business account is housed:

\_\_\_\_\_  
\_\_\_\_\_

***Please read and sign the following statement and have your signature notarized. Return this form and any other required documents\* to the Governor's Office of Consumer Protection.***

I, \_\_\_\_\_ *(printed name)*, hereby swear that the information provided herein is true, complete and accurate to the best of my knowledge and belief, and that I shall notify the Governor' s Office of Consumer Protection immediately in writing upon any changes in the information contained herein.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Federal tax ID number: \_\_\_\_\_

Date: \_\_\_\_\_

Sworn to and subscribed before me

this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

*My commission expires:*

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**\*Please include the following when reporting a change of ownership:**

- Current contract *(if you are still associated with health spa listed in Item # 8 above)*
- Change of Ownership Form
- Verification of Health Spa File Information sheet *(blank)*