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 the Georgia Department of Law-Consumer Protection Division, 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 now 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: ________________________________  E-mail 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 Consumer Protection Division of the Georgia Department of Law.

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 Consumer Protection Division of the Georgia Department of Law 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:

*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)