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: Georgia Department of Law-Consumer Protection Unit, 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 Consumer Protection Unit 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 Unit 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)*