Health Spa Information Form

Please complete the following information form and attach a copy of the contract to be used by your facility. Return the completed form and your contract to: Georgia Department of Law-Consumer Protection Unit, 2 Martin Luther King, Jr. Drive SE, Suite 356, Atlanta, Georgia 30334-9077.

1. Business name: ____________________________________________________________
   Address of facility: _________________________________________________________
   Phone number: (___) ____________________________
   Do you intend to engage in the pre-sale of memberships before the spa becomes fully operational and available for use? (Please check one) ______ Yes ______ No

   If you checked “Yes” in the line above, instead of completing this form please use the Health Spa Information Forms for Pre-Sales that can be found on our website, www.consumer.ga.gov, under “Business Services: Forms for Your Use.”

2. Check and complete either a, b or c:
   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: (___) __________________ Fax number: (___) ______________
      E-mail address: __________________________ E-mail address: ____________________
      Alternate address: _________________________ Alternate address: ___________________
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: ________________

3. Name of bank/trust company where business account is housed: ________________
   __________________________________________________________
   Address: __________________________________________________________
   __________________________________________________________
   Phone number: ( ) __________________________ Fax number: ( ) __________________
   E-mail address: _______________________________________________________

4. Name of person completing this form: _______________________________________

5. Title of person completing this form: _______________________________________

Please read the following information, sign the statement below, have your signature notarized and return
this form, along with the contract form you will be using, 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: ____________________________
Social Security number: ____________________________
Date: _____________________________

Sworn to and subscribed before me
this the __________ day of _________________, __________.

____________________________________________________________________________
Notary Public
My commission expires: