KENTUCKY

Health Spa Registration

July 1, 20___ - June 30, 20___

Health Spa Registrations
Office of the Attorney General
Consumer Protection
1024 Capital Center Drive, Suite 200
Frankfort, KY 40601
(502) 696-5300
INSTRUCTIONS

1. You MUST submit a NOTARIZED annual registration statement and the $100 (Initial Registration) fee OR the $50 (Renewal Registration) fee each year, to be received no later than July 1. (In order to allow time for the processing of applications, renewal registration statements and fees should be submitted four (4) weeks prior to the June 30th expiration date.)

2. Answer each question thoroughly. You may use additional pages if necessary. Please refer to the additional information in the appropriate blank on the registration statement. If the question does not apply to your organization, answer, "N/A". DO NOT leave any answers blank.

3. Please write or type legibly.

4. You MUST submit a separate registration statement for each location.

5. You MUST submit Verification to Conduct Business in Kentucky (copy of the Kentucky Secretary of State Annual Report) if applicable.

6. You MUST submit one of the following NOTARIZED documents:
   
a. AFFIDAVIT OF BOND EXEMPTION

b. SURETY BOND or BOND CONTINUANCE STATEMENT (Renewals only) in the amount of $10,000 or $25,000 or $50,000 depending on the number of PRE-PAID (Paid in Full) Memberships and/or the collection of INITIATION FEES.

c. ESCROW AGREEMENT AND BOND or CONTINUANCE STATEMENT in the amount of $10,000, $25,000 or $50,000 depending on the number of PRE-PAID (Paid in Full) Memberships, and/or the collection of INITIATION FEES. (This option also requires an escrow agent form be submitted.)

d. IRREVOCABLE LETTER OF CREDIT or CONTINUANCE STATEMENT in the amount of $10,000, $25,000 or $50,000 depending on the number of PRE-PAID (Paid in Full) Memberships, and/or the collection of INITIATION FEES.

Submit registration statement documents and fees Made Payable to: Commonwealth of Kentucky to:

HEALTH SPA REGISTRATION
OFFICE OF THE ATTORNEY GENERAL
1024 CAPITAL CENTER DRIVE, SUITE 200
FRANKFORT, KY 40601-8204
Annual Kentucky Health Spa
Registration Statement – Check List

Please return this checklist with your registration statement.

☐ Checklist for Initial Registration

☐ Checklist for Renewal Registration

Current Registration Number:

___ - H - ___ - ___

___ $100 Initial Registration Fee
   Made Payable to:
   Commonwealth of Kentucky

___ Signed Registration Statement
   ___ Local Business license or
   KY Secretary of State FastTrack Info
   ___ Copy of Membership Contract
   ___ Copy of ALL Membership Plans,
       Offers and Specials
   ___ Affidavit of Bond Exemption*
       OR
   ___ Health Spa Surety Bond*
       OR
   ___ Escrow Agreement and Bond
       AND Escrow Agent Agreement*
       OR
   ___ Irrevocable Letter of Credit*

___ $50 Renewal Registration Fee
   Made Payable to:
   Commonwealth of Kentucky

___ Signed Registration Statement
   ___ Local Business License or
   KY Secretary of State FastTrack Info
   ___ Copy of Membership Contract
   ___ Copy of ALL Membership Plans,
       Offers and Specials
   ___ Affidavit of Bond Exemption*
       OR
   ___ Surety Bond / Surety Bond
       Continuation Statement*
       OR
   ___ Escrow Agreement and Bond
       AND Escrow Agent Agreement*
       OR
   ___ Irrevocable Letter of Credit
       Continuation Statement*

*PLEASE REFER TO BOND INSTRUCTIONS
COMMONWEALTH OF KENTUCKY
Kentucky Health Spa Registration Statement Application
Office of the Attorney General
Office of Consumer Protection
1024 Capital Center Drive, Suite 200
Frankfort, KY 40601
Phone: 502-696-5389
Fax: 502-573-8317

INSTRUCTIONS:
* Complete all sections; responses should be typed or neatly printed
* Respond fully and completely, and use additional sheets if necessary
* The statement must be signed by a person, officer or agent with authority to do so, under oath, and the signature must be notarized.
* The registration form, accompanying documentation and fee shall be mailed to:
  Office of the Attorney General
  Office of Consumer Protection
  1024 Capital Center Drive, Suite 200
  Frankfort, KY 40601

For reference:
* Forms and other information are available at Kentucky Attorney General’s website for health spas: [https://ag.ky.gov/Pages.forms.aspx](https://ag.ky.gov/Pages.forms.aspx)

☐ Application for Initial Registration

☐ Application for Renewal of Registration

1. Registrant Information

Health Spa Name ________________________________________________________________

Health Spa Physical Location Address ____________________________________________

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>County</th>
<th>St</th>
<th>Zip</th>
</tr>
</thead>
</table>

Health Spa Mailing Address ________________________________________________________

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>County</th>
<th>St</th>
<th>Zip</th>
</tr>
</thead>
</table>

Health Spa Regular Business Hours ________________________________________________

Health Spa Business Telephone Number ____________________ Fax Number ____________________

Health Spa Email Address __________________________________________________________

Health Spa Website Address ________________________________________________________

Health Spa Facebook Account ______________________________________________________

Date Health Spa Operation Began _________________________________________________

Has the business been involved in any litigation in the last 3 years? If so, please specify. ____________________
If you own/operate more than one health spa location in Kentucky, please provide a list including:
Health spa name, address, and telephone number and identify which health spa is the home/main location

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

2. Structure of Registrant’s Business

Type
☐ Corporation incorporated in the state of _________________________________
☐ Limited Liability Company organized in the state of __________________________
☐ General partnership or joint venture formed under the laws of the state of __________
☐ Limited partnership formed under the laws of the state of _______________________
☐ Natural person
☐ Other: please specify and indicate the state under the laws of which it was formed: ______________

3. Owner Information

Health Spa Owner Name ________________________________
Health Spa Owner Home Address ____________________________
Street City County St Zip
Health Spa Owner Home Telephone ___________________________ Cell Phone Number __________
Health Spa Owner Email Address ____________________________

On a separate sheet of paper please provide the following information for each owner, officer, director, or stockholder (including the parent corporation if any or a franchise). Name, home address, email address, telephone, position held, ownership interest.

Has the registrant or any of its officers, directors or owners been a defendant in any litigation within the last 3 years? If so, please specify ________________________________
4. Registered Agent Information (if any)
(Agent authorized to accept service of process in Kentucky)

Registered Agent Name: ______________________________________________________________
Registered Agent Address: ____________________________________________________________

Street City County St Zip
Registered Agent Telephone Number: ____________________________

5. Financial Institution Information

Financial Institution Name: ____________________________________________________________
Financial Institution Address: _________________________________________________________

Street City St Zip
Financial Institution Telephone Number: ____________________________

6. Location Information

Type of equipment and amenities offered to members: ______________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Approximate size of health spa facility (square footage) ____________________________

Is a shower provided within the health spa facility? YES ____________ NO ____________

7. Health Spa Employees and Qualifications

On a separate sheet, provide the following information for each employee: Name, Home Address, Position, and Qualifications.
8. Health Spa Membership Plans

Please provide the information requested for each membership plan offered, including EACH special offer now in effect. Pursuant to KRS 367.915 (2) A health spa is prohibited from selling a membership plan not included in this list and in the registration statement required by KRS 367.905

Please submit a copy of each CONTRACT used for each type of plan

TYPE OF PLAN: _______________________________________________________________________
CONTRACT PERIOD: ____________________________________________________________________
CONTRACT PRICE: _____________________________________________________________________
INITIATION FEE: _____________________________________________________________________
METHOD OF PAYMENT ________________________________________________________________
FACILITIES ENTITLED TO UTILIZE: ______________________________________________________

Definitions:

a. The term "CONTRACT PERIOD" means the total period of health spa use allowed by a member’s contract, including time periods that are represented as “free of charge”.

b. The term "CONTRACT PRICE" means the total consideration paid for a membership including INITIATION FEES and all installment payments.

c. The term "INITIATION FEE" means any non-recurring fee charged at or near the beginning of a health spa membership or renewal period.

d. METHOD OF PAYMENT column: Please state whether the method of payment is ONE LUMP SUM, a series of INSTALLMENT payments, or a choice of either. For LUMP SUM payments, state the amount of the TOTAL payment. For INSTALLMENT plans, state the DOLLAR AMOUNT, and indicate monthly, weekly, etc.

TOTAL NUMBER OF HEALTH SPA MEMBERSHIPS: _____________________________________________
TOTAL NUMBER OF PRE-PAID (PAID IN FULL) HEALTH SPA MEMBERSHIPS: ___________________

*If this is a NEW health spa, please provide the expected membership once the spa is in operation _____

*Any increase in the number of PRE-PAID (Paid in Full) memberships may require an increase in bond amounts, and must be reported to the Office of the Attorney General, Office of Consumer Protection. Please refer to the bond instructions page.
FURTHER AFFIANT SAYETH NOT

I HEREBY CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

AFFIANT

Subscribed and sworn to before me this the _______ day of ______________, 20______.

________________________________________
NOTARY PUBLIC

My Commission Expires _________________________________.

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KENTUCKY HEALTH SPA BOND AND BOND EXEMPTION FORMS

INSTRUCTIONS

1. Effective July 15, 1988, any health spa in Kentucky which charges INITIATION FEES or accepts payments for services for MORE THAN thirty-one (31) days in advance, MUST obtain a health spa bond before it may sell, or continue to sell memberships.

2. In satisfying this requirement, health spas have a choice of three kinds of bond-- A bond issued by an insurance company (a traditional surety bond) OR A bond supported by a Certificate of Deposit at the health spa's financial institution, OR an Irrevocable Letter of Credit submitted by the health spa's financial institution.

3. The traditional surety bond is a one-page document. The "Certificate of Deposit bond" involves two documents - the bond itself, AND the "escrow agreement", signed by the spa operator, a representative of the financial institution, and a representative of the Attorney General's Office. The Irrevocable Letter of Credit is a single document completed and signed by a representative of the financial institution.

4. The amount of the bond is to be computed as follows:

<table>
<thead>
<tr>
<th>Number of Prepaid (PAID in FULL) Memberships and/or INITIATION FEES Charged</th>
<th>Amount of Bond</th>
</tr>
</thead>
<tbody>
<tr>
<td>150 or Less</td>
<td>$10,000.00</td>
</tr>
<tr>
<td>151 to 300</td>
<td>$25,000.00</td>
</tr>
<tr>
<td>301 or more</td>
<td>$50,000.00</td>
</tr>
</tbody>
</table>

5. The ONLY EXEMPTION to the bonding requirement, as stated in instruction one (1) above, is a health spa that structures its membership plans such that NO member pays an INITIATION FEE, and NO payment for services is accepted more than thirty-one (31) days in advance. If your health spa falls within the exemption, you MUST complete the AFFIDAVIT of EXEMPTION.

6. EACH location where facilities and services are offered is considered a separate health spa. Therefore, a separate bond or affidavit of exemption must be filed for each location.

7. If, because of an increase in Pre-Paid (Paid in Full) memberships, or a change in membership plans, a health spa is required to file a bond, or increase the amount of its bond, it shall notify the Attorney General's Office at lease thirty (30) days prior to the expected change or increase.