



COMMONWEALTH OF KENTUCKY
OFFICE OF THE ATTORNEY GENERAL

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ATTORNEY GENERAL

CAPITAL COMPLEX EAST
1024 CAPITAL CENTER DRIVE, SUITE 200
FRANKFORT, KENTUCKY 40601
(502) 696-5300
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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

___ \$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
___ Health Spa Surety Bond*
OR
___ Escrow Agreement and Bond
AND Escrow Agent Agreement*
OR
___ Irrevocable Letter of Credit*

___ ***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
Continuation Statement*
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:

- *Health Spa statutes are located KRS 367.900 - 367.930: <http://www.lrc.ky.gov/statutes/chapter.aspx?id=39092>
- *Forms and other information are available at Kentucky Attorney General's website for health spas:
<https://ag.ky.gov/Pages/forms.aspx>

Application for Initial Registration Registration Number: _____

Application for Renewal of Registration

1. Registrant Information

Health Spa Name _____

Health Spa Physical Location Address _____
Street *City* *County* *St* *Zip*

Health Spa Mailing Address _____
Street *City* *County* *St* *Zip*

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 _____.

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:

Number of Prepaid (PAID in FULL) Memberships and/or INITIATION FEES Charged	Amount of Bond
--	-----------------------

150 or Less	\$10,000.00
151 to 300	\$25,000.00
301 or more	\$50,000.00

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 least thirty (30) days prior to the expected change or increase.