

FILED WITH LRC
TIME: 2:00 pm

MAR 12 2026

Angie Darnell

REGULATIONS COMPILER

1 OFFICE OF ATTORNEY GENERAL

2 Kentucky Office of Regulatory Relief

3 (New Administrative Regulation)

4 40 KAR 12:441. Health Spas.

5 RELATES TO: KRS 367.900, 367.905, 367.906

6 STATUTORY AUTHORITY: KRS 15.180, 367.150(4), 367.905, 367.906

7 CERTIFICATION STATEMENT: This is to certify that this administrative regulation
8 amendment complies with the requirements of 2025 RS HB 6, Section 8.

9 NECESSITY, FUNCTION, AND CONFORMITY: KRS 15.180 authorizes the Attorney General
10 to promulgate administrative regulations that will facilitate performing the duties and exercising
11 the authority vested in the Attorney General and the Department of Law. KRS 367.150(4) requires
12 the Department of Law to recommend administrative regulations in the consumers' interest. KRS
13 367.905 requires health spas to file registration applications and renewal applications with the
14 Attorney General. KRS 367.906 requires the Attorney General to establish a surety bond form for
15 use by health spas. This administrative regulation establishes an online registration application, an
16 online renewal application and a surety bond form to be used by health spas.

17 Section 1. Health Spa Registration Application. (1) A health spa shall not offer health spa services
18 or facilities at a specific location in the Commonwealth of Kentucky unless the Attorney General
19 approves the health spa's registration application in accordance with this administrative regulation.
20 An applicant shall submit an online registration application using the "Health Spa Registration

1 Application portal” available at [https://www.ag.ky.gov/Resources/Pages/Office-of-Regulatory-](https://www.ag.ky.gov/Resources/Pages/Office-of-Regulatory-Relief.aspx)
2 Relief.aspx.

3 (2) To complete an online application, an applicant shall submit:

4 (a) Payment of the \$100.00 registration fee;

5 (b) The applicant’s certificate of existence, authorization certificate from the Kentucky
6 Secretary of State’s office, or other evidence of the applicant’s authority to transact business
7 in Kentucky;

8 (c) Copies of all the applicant’s membership contracts for all plans; and

9 (d) Unless exempted by KRS 367.906(4), a completed Health Spa Surety Bond, form HS-1.

10 (3)(a) An applicant shall complete its application by submitting additional information or
11 documents within thirty (30) days of a request by the Attorney General.

12 (b) The Attorney General may deny an application if the applicant fails to timely complete
13 the application by not paying the application fee or not providing requested information or required
14 documents.

15 Section 2. Health Spa Renewal Application. (1) An approved health spa registration or renewal
16 shall be valid for a one (1) year period from July 1 to June 30th of the following year.

17 (2) On or before June 1st of a current registration year, a registered health spa may renew its
18 registration for another annual period. Registration renewal shall be accomplished by submitting
19 an online renewal application using the “Health Spa Registration Renewal Statement application
20 portal” available at <https://www.ag.ky.gov/Resources/Pages/Office-of-Regulatory-Relief.aspx>

21 (3) To complete an online renewal application, a registrant shall submit:

22 (a) Payment of the \$50.00 registration renewal fee; and

1 (b) Unless exempted by KRS 367.906(4), a completed Health Spa Surety Bond, form HS-
2 1, if a prior filed bond is not current or the bond amount is insufficient.

3 (4) A registrant shall complete its renewal application by submitting additional information or
4 documents for its application within thirty (30) days of any request by the Attorney General.

5 (b) The Attorney General may deny a renewal application if a registrant fails to timely
6 complete an application by not paying the renewal application fee or providing requested
7 information or documents.

8 (4) Any registration renewal by the Attorney General shall not be construed to waive or condone
9 any violation of law that occurred prior to any registration renewal and shall not prevent
10 subsequent proceedings against the registrant.

11 Section 3. Written notification of material changes. (1) A registered health spa shall notify the
12 Attorney General, in writing, within fourteen (14) days of any material change to information
13 provided in the registrant's original application, any renewal application, or application
14 attachments.

15 Section 4. Record Requests. A health spa shall make requested business records, documents and
16 information related to an investigation or inquiry readily available to the Attorney General for
17 inspection and copying upon request.

18 Section 5. Incorporation by Reference. (1) The following materials are incorporated by reference:

19 (a) "Health Spa Registration Statement application portal", Feb. 2026;

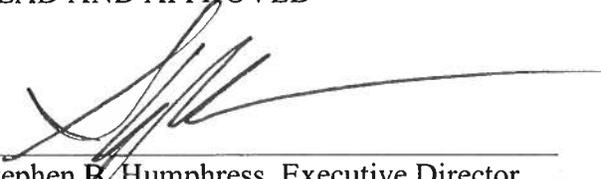
20 (b) "Health Spa Registration Renewal Statement application portal", Feb. 2026;

21 (c) "Health Spa Surety Bond", Form HS-1, Feb. 2026;

22 (2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at
23 Office of the Attorney General Capital Complex East, 1024 Capital Center Drive, Suite 200,

- 1 Frankfort, Kentucky 40601, Monday through Friday, between the hours of 8:00 a.m. and 4:30 p.m.
- 2 This material is also available on the Attorney General's website,
- 3 <https://ag.ky.gov/Pages/default.aspx>.

READ AND APPROVED



Stephen B. Humphress, Executive Director
Kentucky Office of Regulatory Relief
Office of Attorney General

March 12, 2026
Date



Russell Coleman, Attorney General
Department of Law

March 12, 2026
Date

PUBLIC HEARING AND PUBLIC COMMENT PERIOD: A public hearing on this proposed administrative regulation shall be held on May 21, 2026, at 1:00 p.m. Eastern Time at the Office of Administrative Hearings, Conference Room B, 105 Sea Hero Road, Suite 2, Frankfort, KY 40601. Individuals interested in being heard at this hearing shall notify this Office in writing at least five (5) working days prior to the hearing of their intent to attend. If no notification of intent to attend the hearing is received by that date, the hearing may be canceled. This hearing is open to the public. Any person who wishes to be heard will be given an opportunity to comment on the proposed administrative regulation. A transcript of the public hearing will not be made unless a written request for a transcript is made. If you do not wish to be heard at the public hearing, you may submit written comments on the proposed administrative regulation. Written comments shall be accepted through 11:59 p.m. on May 31, 2026. Send written notification of intent to be heard at the public hearing or written comments on the proposed administrative regulation to the contact person.

CONTACT PERSON: Stephen B. Humphress, Executive Director, Kentucky Office of Regulatory Relief, Kentucky Office of Attorney General, 1024 Capital Center Drive, Suite 200, Frankfort, Kentucky 40601, phone: 502-696-5408, fax: (502) 573-8317, email: steve.humphress@ky.gov.

REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

Administrative Regulation #: 40 KAR 12:441

Contact Person: Stephen B. Humphress

Phone Number: 502-696-5408

Email: steve.humphress@ky.gov

Subject Headings: Attorney General; Occupations and Professions; and Bonds

(1) Provide a brief summary of:

(a) What this administrative regulation does: This administrative regulation establishes an online registration statement application form, an online registration renewal statement application form and a surety bond form to be used by health spas.

(b) The necessity of this administrative regulation: This regulation is necessary since it allows the Office of Attorney General, Kentucky Office of Regulatory Relief (“Attorney General”) to perform its statutory mandates. The regulation is needed so that health spas can comply with statutory requirements.

(c) How this administrative regulation conforms to the content of the authorizing statutes: KRS 15.180 directs the Attorney General to promulgate administrative regulations that will facilitate the performance of duties vested in the Attorney General and the Department of Law by law. KRS 367.150(4) requires the Department of Law to study the operation of all laws, rules, administrative regulations, orders, and state policies affecting consumers and to recommend administrative regulations in the consumers' interest. KRS 367.905 requires a health spa to file registration statement application and a renewal statement application to the Attorney General. KRS 367.906 requires the Attorney General to establish a surety bond form to be used by health spas.

(d) How this administrative regulation currently assists or will assist in the effective administration of the statutes: This administrative regulation establishes the online registration statement application form, the online registration renewal statement form, and the surety bond form to be used by health spas.

(2) If this is an amendment to an existing administrative regulation, provide a brief summary of:

(a) How the amendment will change this existing administrative regulation: Not Applicable

(b) The necessity of the amendment to this administrative regulation: Not Applicable

(c) How the amendment conforms to the content of the authorizing statutes: Not Applicable

(d) How the amendment will assist in the effective administration of the statutes: Not Applicable

(3) Does this administrative regulation or amendment implement legislation from the previous five years? No

(4) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation: This regulation amendment affects 184 registered health spas, approximately 15 new health spa applicants each year, and the Attorney General.

(5) Provide an analysis of how the entities identified in question (4) will be impacted by either the implementation of this administrative regulation, if new, or by the change, if it is an amendment, including:

(a) List the actions that each of the regulated entities identified in question (4) will have to take to comply with this administrative regulation or amendment: Registered and new health spas will be required to use the new online forms incorporated into this regulation. The Attorney General will review the completed online forms for compliance with law.

(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (4): Registered and new health spas will have no additional costs. They will be able to use the online forms and download the bond form from the Attorney General's website at no cost. The Attorney General will have no additional costs.

(c) As a result of compliance, what benefits will accrue to the entities identified in question (4): The regulation and online forms will allow health spas to register and renew registrations easily. The Attorney General will be able to process registrations and renewals without difficulty.

(6) Provide an estimate of how much it will cost the administrative body to implement this administrative regulation:

(a) Initially: There are no costs to implement this administrative regulation.

(b) On a continuing basis: There are no continuing costs to implement this administrative regulation.

(7) What is the source of the funding to be used for the implementation and enforcement of this administrative regulation: There are no additional costs associated with implementing this administrative regulation.

(8) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation, if new, or by the change, if it is an amendment: There is no anticipated fee increases or funding necessary for this administrative regulation.

(9) State whether or not this administrative regulation establishes any fees or directly or indirectly increased any fees: This administrative regulation does not directly or indirectly establish or increase any fees.

(10) TIERING: Is tiering applied? [Explain why or why not] No. This administrative regulation applies equally to all health spas.

FISCAL IMPACT STATEMENT

Administrative Regulation #: 40 KAR 12:441

Contact Person: Stephen B. Humphress

Phone Number: 502-696-5408

Email: steve.humphress@ky.gov

(1) Identify each state statute, federal statute, or federal regulation that requires or authorizes the action taken by the administrative regulation. KRS 15.180, 367.150(4), 367.480, 367.484(5)

(2) State whether this administrative regulation is expressly authorized by an act of the General Assembly, and if so, identify the act: 1960 Ky. Acts ch. 68, Art. II, sec. 1; 1972 Ky. Acts ch. 4, sec. 4; and 1988 Ky. Acts ch. 367, sec. 1.

(3)(a) Identify the promulgating agency and any other affected state units, parts, or divisions: The Office of Attorney General, Kentucky Office of Regulatory Relief (“Attorney General”) is the promulgating agency. The regulation does not affect any other state agencies.

(b) Estimate the following for each affected state unit, part, or division in (3)(a):

1. Expenditures:

For the first year: There are no expenditures to administer this administrative regulation for the first year.

For subsequent years: There will be no expenditures to administer the administrative regulation in subsequent years.

2. Revenues:

For the first year: The administrative regulation will generate no revenues to the Attorney General in the first year. Registration fees referenced in the regulation are established by statute.

For subsequent years: The administrative regulation will generate no revenues to the Attorney General in subsequent years. Registration fees referenced in the regulation are established by statute.

3. Cost Savings:

For the first year: In the first year, the Attorney General will have cost savings from efficient and quicker processing of applications which are difficult to estimate at this time but estimated to be *de minimis*.

For subsequent years: In subsequent years, the Attorney General will have cost savings from efficient and quicker processing of applications which are difficult to estimate at this time but estimated to be *de minimis*.

(4)(a) Identify affected local entities (for example: cities, counties, fire departments, school districts): The administrative regulation will not affect any local entities.

(b) Estimate the following for each affected local entity identified in (4)(a):

1. Expenditures:

For the first year: This administrative regulation will not cause expenditures by local entities for the first year.

For subsequent years: This administrative regulation will not cause expenditures by local entities in subsequent years.

2. Revenues:

For the first year: Local entities will receive no revenues from this administrative regulation for the first year.

For subsequent years: Local entities will receive no revenues from this administrative regulation in subsequent years.

3. Cost Savings:

For the first year: Local entities will receive no cost savings from this administrative regulation for the first year.

For subsequent years: Local entities will receive no cost savings from this administrative regulation for subsequent years.

(5)(a) Identify any affected regulated entities not listed in (3)(a) or (4)(a): Health spas will be affected by this administrative regulation.

(b) Estimate the following for each regulated entity identified in (5)(a):

1. Expenditures:

For the first year: This administrative regulation will not cause health spas to have additional expenditures for the first year.

For subsequent years: This administrative regulation will not cause health spas to have additional expenditures for subsequent years.

2. Revenues:

For the first year: Health spas will not receive any revenues directly from this administrative regulation for the first year.

For subsequent years: Health spas will not receive any revenues directly from this administrative regulation for subsequent years.

3. Cost Savings:

For the first year: For the first year, health spas will receive cost savings from quicker processing of applications. These cost savings are difficult to estimate at this time but are estimated to be *de minimis*.

For subsequent years: For subsequent years, health spas will receive cost savings from quicker processing of applications. These cost savings are difficult to estimate at this time but are estimated to be *de minimis*.

(6) Provide a narrative to explain the following for each entity identified in (3)(a), (4)(a), and (5)(a):

(a) Fiscal impact of this administrative regulation: This administrative regulation will have no fiscal impact. The new regulation merely creates a registration application form, renewal application form, and surety bond form for use by health spas. The regulation does not affect any other governmental agencies or local governments. The regulation does not establish any fees. For these reasons, the regulation is not expected to have any significant fiscal impact.

(b) Methodology and resources used to reach this conclusion: The Attorney General used a quantitative methodology analysis based on history of administrative agencies which license or register businesses in a specific subject area and the resulting facts from this regulation. The Attorney General used staff resources to determine the fiscal impact.

(7) Explain, as it relates to the entities identified in (3)(a), (4)(a), and (5)(a):

(a) Whether this administrative regulation will have a “major economic impact”, as defined by KRS 13A.010(13): There is not an expected “major economic impact” from this regulation for the Attorney General, any local entities, or affected regulated entities.

(b) The methodology and resources used to reach this conclusion: The Attorney General used a quantitative methodology analysis based on history of administrative agencies which license or register businesses in a specific subject area and resulting facts from this regulation. The Attorney General used staff resources to reach the conclusion that no overall negative or adverse major economic impact results from this administrative regulation.

SUMMARY OF MATERIAL INCORPORATED BY REFERENCE

Administrative Regulation #: 40 KAR 12:441

Contact Person: Stephen B. Humphress

Phone Number: 502-696-5481

Email: steve.humphress@ky.gov

1. “Health Spa Registration Application portal”, Feb. 2026. This online application portal is used by health spas to register with the Attorney General as required by KRS 367.905. The form consists of five online (5) pages. Attached as Appendix I are printed copies of the online application portal pages.

2. “Health Spa Renewal Registration Application portal”, Feb. 2026. The form is used by health spas to renew registrations with the Attorney General as required by KRS 367.905. The form consists of six (6) online pages. Attached as Appendix II are printed copies of the online renewal application portal pages.

3. “Health Spa Surety Bond”, Form HS-1, Feb. 2026. The form must be used by health spas when required to file a bond pursuant to KRS 367.906. The form consists of two (2) pages as is attached as Appendix III.

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MEMORANDUM

TO: Stephen B. Humphress, Executive Director, Kentucky Office of Regulatory Relief

FROM: Ange Darnell, Regulations Compiler

RE: Proposed Amendment or New Regulation – 040 KAR 012:441.

DATE: March 12, 2026

A copy of the administrative regulation listed above is enclosed for your files. This regulation is **tentatively** scheduled for review by the Administrative Regulation Review Subcommittee at its **JUNE 2026** meeting. We will notify you of the date and time of this meeting once it has been scheduled.

Pursuant to KRS 13A.280, **if** comments are received during the public comment period, a Statement of Consideration or a one-month extension request for this regulation is due **by noon on June 15, 2026**. Please reference KRS 13A.270 and 13A.280 for other requirements relating to the public hearing and public comment period and Statements of Consideration.

If you have questions, please contact us at RegsCompiler@LRC.ky.gov or (502) 564-8100.

Enclosures

Addendum I
Health Spas Registration application portal pages
Kentucky Office of Regulatory Relief ("KORR")
Compliance and Registration Branch Portal

Please complete all the information below for all pages and upload any requested documents to submit an online application.

KORR recommends turning on the autofill feature in your web browser to make filling out online forms easier.

Please omit commas in all number fields.

Application Information ▾

Registration Type (required)

- Auto Dialer
- Telemarketer
- Debt Adjuster
- Business Opportunity (if you are claiming an exemption to the Business Opportunity Statutes, select Franchise Exemption below)
- Franchise Exemption
- Recreation & Retirement Use Land Seller
- Buying & Vacation Club Seller
- Health Spa
- Prior Approval to obtain Excess Going Out of Business Sale License
- Transient Merchant
- Contact Lenses
- Visual Aid Glasses

Legal Name of Registrant Health Spa (required)

Doing Business as (DBA) name(s)

If multiple DBAs, please list all with semi-colons between each DBA.

Business Mailing Street Address (required)

Business City (required)

Business State (required)

Business Zip Code (required)

Contact Person Name (required)

Contact Person Phone (required)

Contact Person Email (required)

Please provide the following information regarding the Applicant (required)

State of incorporation, organization, formation, or existence (required)

Please attach a copy of the Applicant's certificate of existence, or authorization certificate, from the Kentucky Secretary of State's Office, or provide other evidence of the Applicant's authority to transact business in the Kentucky. (required)

Instructions for obtaining certificates can be found at: <https://www.sos.ky.gov/bus/businessrecords/Pages/default.aspx>

or drag file(s) here

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Owners, Officers and Agents of Applicant ▼

Number of business officer(s); director(s); person(s) with a 10% principal interest in the business (proprietor, partner(s), owner(s), partner(s), member(s), shareholder(s)). If an artificial entity(s) holds ownership, please complete for individual(s) whose ownership in a parent or holding entity(s) equates to a 10% ownership of the Applicant (required)

If greater than 4 please attach document with Name, Title and Address for each additional individual

First Owners Officers and Agents Name (required)

First Owners Officers and Agents Title (required)

First Owners Officers and Agents Home Address (required)

Second Owners Officers and Agents Name (required)

Second Owners Officers and Agents Home Address (required)

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Health Spa Facility Information ▾

Street address of facility being registered (required)

City of facility being registered
(required)

State of facility being registered
(required)

Select from below ▾

Zip Code of facility being registered
(required)

Square Footage of Health Spa Building (required)

Shower Areas Provided (required)

- Yes
- No

Type of Equipment and Facilities Available (required)

List employees' names and addresses and their respective qualifications for employment in the health spa field (required)

Attach additional pages if needed.

List of additional employees' names and addresses and their respective qualifications for employment in the health spa field

(if needed)

Browse

or drag file(s) here

Identify the types of membership plans to be offered and corresponding member costs (required)

(Attach copies of all membership contract(s) and all plans)

Copies of all Membership Contracts and all Plans (required)

(Attach copies of all membership contract(s) and all plans)

[Browse](#) or drag file(s) here

Is the applicant or any Owner, Officer, or Agent of the Applicant listed above currently involved, or been involved within the last three (3) years, in litigation? (required)

- Yes
- No

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Bond Exemption/Bond Amount ▾

Will the applicant charge an initiation fee, or similar nonrecurring fee, to members, at or near the beginning of members' contract terms or renewal periods? (required)

- Yes
- No

Will the applicant charge members for use of facilities/services more than thirty-one (31) days in advance of payment? (required)

- Yes
- No

How many pre-paid members/unexpired member contracts does applicant have (or "anticipate" for a new health spa)? (required)

Since you answered "Yes" to one of the questions above, you are required to file a completed Health Spa Surety Bond, Form HS-1.

Please attach completed Health Spa Surety Bond, Form HS-1 (required)

Since you answered "Yes" to one of the questions above, you are required to file a completed Health Spa Surety Bond, Form HS-1.

The amount of the applicant's required surety bond is based on the applicant's number of prepaid/unexpired member contracts as follows:

150 or fewer \$10,000.00

151 to 300 \$25,000.00

301 or more \$50,000.00

[CLICK HERE TO DOWNLOAD THE HEALTH SPA SURETY BOND, FORM HS-1](#)

Browse

 or drag file(s) here

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Signature of Seller/Applicant ▼

Typed Name as Electronic Signature - Health Spa (required)

By submitting this application, the undersigned representative for the applicant, does hereby swear or affirm under penalty of perjury, the following:

1. The undersigned is authorized to complete this form on behalf of the applicant.
2. The information and any attachments provided in and with this application are true and correct.
3. The applicant agrees to immediately notify the Attorney General of any material change in any information or attachments provided in or with this application.
4. The applicant agrees to provide records and documents to the Attorney General within a reasonable time after requested.
5. The applicant understands that its registration application may be denied and a registration suspended or revoked by the Attorney General.

I understand and agree that my typed name below has the same legal force and effect as my original manual signature and I have typed my name below with intent to sign this report by electronic means in compliance with the Kentucky Uniform Electronic Transaction Act codified at KRS 369.101 to 369.120.

Typed Name as Electronic Signature

Title of Seller/Applicant Representative (required)

Signature Date (required)

03/11/2026	
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Required \$100.00 application fee - Health Spa (required)

By checking "Yes", I understand my renewal will not be processed until the required \$100.00 renewal fee has been paid.

Payment Link:

<https://ky.accessgov.com/businessregistrationapplication/Forms/Page/businessregistrationapplication/korr/1>

Yes

Addendum II
Health Spas Renewal application portal pages

Kentucky Office of Regulatory Relief ("KORR")
Renewal Portal

Please complete all the information below for all pages and upload any requested documents to submit an online application.

KORR recommends turning on the autofill feature in your web browser to make filling out online forms easier.

Please omit commas in all number fields.

Registrant Information ▾

Registration Type (required)

- Auto Dialer
- Telemarketer
- Debt Adjuster
- Business Opportunity
- Health Spa
- Contact Lenses
- Visual Aid Glasses

Legal name of registrant health spa (required)

Doing Business as (DBA) name (if any) (required)

KY Registration Number (required)

Registrant's Business Street Address (required)

Registrant's Business City (required)

Registrant's Business State (required)

Registrant's Business Zip Code (required)

Registered Facility Street Address (required)

Registered Facility City (required)

Registered Facility State (required)

Registered Facility Zip Code (required)

Contact Person Name (required)

Contact Person Email (required)

Contact Person Phone (required)

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Material Changes in Application(s) ▾

Have there been any changes to business officer(s); director(s); trustee(s); persons with a 10% or more controlling interest in the business (proprietors, partners, owners, members, shareholders) since the last application (initial or renewal)? (required)

No

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Material Changes in Health Spa Facility Information ▾

Have there been any material changes regarding the health spa facility information, type of equipment and facilities available, or employees' names, addresses and respective qualifications, during the current registration period?

No

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Additional Information ▾

Have there been changes to the health spa's membership contract(s) or plans during the current registration period?
(required)

No ▾

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Bond Information ▾

Does the registrant charge an initiation fee, or similar nonrecurring fee, to members, at or near the beginning of members' contract terms or renewal periods? (required)

Select from below ▾

Does the registrant charge members for use of facilities/services more than thirty-one (31) days in advance of payment?
(required)

Select from below ▾

Is your prior filed Health Spa Surety Bond (Form HS-1) still current and for correct surety amount? (required)

Yes ▾

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Signature of Registrant ▾

Typed Name as Electronic Signature - Health Spa (required)

By submitting this application, the undersigned representative for the registrant, does hereby swear or affirm under penalty of perjury, the following:

1. The undersigned is authorized to complete this form on behalf of the registrant.
2. The information and any attachments provided in and with this application are true and correct to the best of the undersigned's knowledge, information and belief.
3. The registrant agrees to immediately notify the Attorney General about any material change in any information, or attachments, provided in or with this application.
4. The registrant agrees to provide records and documents to the Attorney General within a reasonable time after requested.

5. The registrant understands that its registration application may be denied and a registration suspended or revoked by the Attorney General.

I understand and agree that my typed name below has the same legal force and effect as my original manual signature and I have typed my name below with intent to sign this report by electronic means in compliance with the Kentucky Uniform Electronic Transaction Act codified at KRS 369.101 to 369.120.

Typed Signature

Title of Registrant Representative (required)

Signature Date (required)

03/11/2026	
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Required \$50.00 renewal fee - Health Spa (required)

By checking "Yes", I understand my renewal will not be processed until the required \$50.00 renewal fee has been paid.

Payment Link:

<https://ky.accessgov.com/businessregistrationapplication/Forms/Page/businessregistrationapplication/korr/1>

Yes



COMMONWEALTH OF KENTUCKY
OFFICE OF ATTORNEY GENERAL
Kentucky Office of Regulatory Review
1024 Capital Center Drive, Suite 200
Frankfort, KY 40601
<https://ag.kv.gov>

HEALTH SPA
SURETY BOND (HS-1)

SECTION A – HEALTH SPA (PRINCIPAL) INFORMATION

Name of health spa (Principal): _____
Doing business as (DBA) name(s): _____
Business mailing street address: _____
City: _____ State: _____ Zip code: _____
Street address of bonded facility: _____
City: _____ State: _____ Zip code: _____
Contact person name: _____
Contact person phone: _____ Contact person email: _____

SECTION B – SURETY BOND

KNOW ALL PERSONS BY THIS DOCUMENT, that the above-identified health spa, _____, AS PRINCIPAL, and _____, a legal entity organized and existing under the laws of the State of _____, and authorized to transact surety insurance business in the Commonwealth of Kentucky under KRS Chapter 304, AS SURETY, are held and firmly bound unto the Commonwealth of Kentucky Attorney General for the benefit of any person(s) suffering injury and loss by reason of any violation of KRS 367.900 to KRS 367.930 or related administrative regulation, AS OBLIGEE, in the full penal sum of _____ Dollars (\$_____,000.00), lawful money of the United States of America, for the payment of which we hereby bind ourselves, jointly and severally, our heirs, executors, administrators, successors, and assigns firmly by these presents.

WHEREAS, the above-named Principal intends to sell buying clubs or vacation clubs in the Commonwealth of Kentucky or to residents of the state, and is required to furnish and file a surety bond in accordance with the provisions of KRS 367.906 unless exempted.

NOW, THEREFORE, the condition of this obligation is such, that if the Principal shall faithfully and honestly fulfill all its obligations to the Obligee in accordance with the provisions of KRS 367.900 to KRS 367.930 or related administrative regulation, and no person(s) suffer loss from the Principal's buying club or vacation club sales activities in the Commonwealth, then this obligation shall be released; otherwise, to remain in full force and effect.

This Bond becomes EFFECTIVE this the _____ day of _____, 20_____.

The Surety may cancel this bond at any time by filing thirty (30) days' written notice of its intent to cancel or terminate this bond with the Attorney General. The Surety shall not be discharged from any liability already accrued under this bond, or which shall accrue before expiration of the thirty (30) day period.

(continued on next page)

SECTION B – SURETY BOND *(continued)*

This BOND shall not become void upon the first recovery thereon but may be sued upon from time to time until the full amount thereof shall have been exhausted.

By submitting this completed Surety Bond form, the undersigned hereby swears and affirms, under penalty of perjury, that the undersigned has authority to execute and sign this Surety Bond on behalf of the Principal health spa identified in Section A; and, that the Principal agrees to be bound by the terms of this Bond.

(Signature of Health Spa Representative)

(Date Signed)

(Printed Name)

(Title)

The undersigned hereby swears and affirms, under penalty of perjury, that the undersigned has authority to execute and sign this Surety Bond on behalf of the Surety, and that the Surety will be bound by the terms of this Bond.

(Signature of Surety Representative)

(Date Signed)

(Printed Name)

(Title)

INSTRUCTIONS

1. *A health spa applicant MUST complete and submit this Surety Bond, Form HS-1, with a new application unless:*
 - (a) The health spa charges no initiation fee, or similar nonrecurring fee, at or near the beginning of the contract term or renewal period; AND*
 - (b) At no time is any member charged for use of facilities or services more than thirty-one (31) days in advance*

2. *The amount of any required surety bond shall be computed as follows:*

<u>Number of prepaid/unexpired member contracts</u>	<u>Bond amount</u>
<i>150 or fewer</i>	<i>\$10,000.00</i>
<i>151 to 300</i>	<i>\$25,000.00</i>
<i>301 or more</i>	<i>\$50,000.00</i>

3. *A registered health spa must complete and submit a new Surety Bond, Form HS-1 with a renewal application if a prior filed bond is not current or the bond amount is insufficient.*