



**STATE OF DELAWARE  
OFFICE OF ATTORNEY GENERAL**

Consumer Protection Unit  
820 North French Street, 5<sup>th</sup> Floor  
Wilmington, DE 19801  
Phone: (302) 577-8600  
<http://attorneygeneral.delaware.gov/>

**RENEWAL YEAR** \_\_\_\_\_

**HSR#** \_\_\_\_\_

**Health Spa Registration Renewal**

In accordance with Title 6, Chapter 42 of the Delaware Code

1. I am the owner or authorized agent of the following Delaware health spa:

\_\_\_\_\_  
(Name of Business)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City/State/Zip)

\_\_\_\_\_  
(Phone Number)

2. The information contained in our most recent submission to the Office of the Attorney General remains accurate. I am aware of our ongoing obligation to notify the Consumer Protection Unit of changes that would impact the status of these representations. If information is inaccurate, I have provided the correct information in an addendum attached to this renewal form.

**[Complete either #3 or #4 – do not fill out both]**

3. This is our \_\_\_\_\_ year of operations. I have registered and paid annual fees to the Health Spa Guaranty Fund in year(s) **[list prior years]** \_\_\_\_\_, for a total contribution of \$\_\_\_\_\_.

Since I have met 3 or more consecutive years of registration and payment of fees, I hereby request a fee waiver for this year.

4. I have not registered and paid fees for 3 or more consecutive years. At this time, we have \_\_\_\_\_ number of un-expired health spa contracts that cover periods longer than 3 months. [The statutory fees, based upon the number of un-expired contracts, are: \$1,000 for less than 199 contracts; \$2,000 for 200-499 contracts; \$4,000 for 500-999 contracts; and, \$8,000 for 1,000 contracts or more.] Since we have not paid fees to the Health Spa Guaranty Fund for 3 or more consecutive years, our contribution to the Health Spa Guarantee Fund for this year is \$ \_\_\_\_\_. A check for this amount made payable to the "Health Spa Guaranty Fund" is enclosed.

5. I declare that I am authorized to provide the representations herein on behalf of \_\_\_\_\_, and have made a diligent and  
(Name of Business)  
reasonable investigation in order to verify and complete this annual registration renewal.

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_