



**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/>

## Health Spa Registration Application

**HSR# \_\_\_\_\_** (Office Use Only)

### IMPORTANT-PLEASE READ

**Before completing this application, please review the Health Spa Regulation Exemption Form to see if your business qualifies for an exemption. If it does, please fill out that form instead.**

**Alternatively, if you already turned in the Health Spa Registration Application in a prior year, please fill out a Health Spa Registration Renewal instead of this application.**

### PART I: Identification

Name of Health Spa			
Address (Preferred mailing address for notices? <input type="checkbox"/> Yes <input type="checkbox"/> No)			
City	State	Zip Code	County
Name of Owner (e.g., Corporation, LLC, Partnership or Individual)			
Owner Address (Preferred mailing address for notices? <input type="checkbox"/> Yes <input type="checkbox"/> No)			
City	State	Zip Code	County
Name of Contact Person (if applicable)		Fax Number	
Telephone Number		Email Address	
Name of Registered Agent (If Owner is located outside of DE)		Address of Registered Agent	

**This Form is (check one):**

- A registration for a new health spa not previously in existence.
- A registration for a health spa not previously registered.
- A change from Exempt Status to Non-Exempt Status.

1. Will the health spa be completed and operational the date health spa contracts are first available to be signed by members?  Yes  No

If “Yes,” a bond or letter of credit is **not** required.

If “No,” the date expected to be open for business \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.

**Please note that new health spas offering memberships for sale prior to the facility’s actual opening date (i.e., “pre-opening contracts”) must obtain a bond or letter of credit in the amount of \$50,000 and submit it with its first application/registration.** The bond must be with a corporate surety from a company authorized to transact business in the State of Delaware. The letter of credit must be from a bank insured by the Federal Deposit Insurance Corporation. The bond or letter of credit must be filed and maintained with the Director of the Consumer Protection Unit. The bond or letter of credit shall be in favor of the State of Delaware for the benefit of: (1) any buyer injured by having paid money for a health spa contract in a facility which fails to open within 9 months after the date upon which the buyer and the health spa entered into a contract or which substantially fails to provide the services described in the health spa contract or (2) any buyer injured as a result of a violation of the Health Spa Regulation, Title 6, Chapter 42 of the Delaware Code.

**Please note that after a new health spa has opened its facilities and been in operation for 90 days, the health spa may make an application to terminate its bond or letter of credit.** At the time of application to terminate its surety requirement, the health spa must be current on all fees owed to the Health Spa Guaranty Fund.

If a bond is being submitted, please indicate the following:

Amount of bond: \_\_\_\_\_

Date of Bond: \_\_\_\_\_ Bond Expires: \_\_\_\_\_

Name of Surety Company			
Address		Telephone	
City	State	Zip Code	County

If a letter of credit is being submitted, please indicate the following:

Date of Letter of Credit: \_\_\_\_\_

Date Letter of Credit Expires: \_\_\_\_\_

Name of Bank			
Address		Telephone	
City	State	Zip Code	County

2. Approximate number of health spa members: \_\_\_\_\_.

3. State the type of membership plans offered and their cost. Also state the cost of the initiation fee, if any.

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4. Does the applicant own any additional health spa facilities?  Yes  No

If "Yes," please list the name, address and telephone number of each additional facility or attach a directory listing all facilities:

Name of Health Spa			
Address		Telephone	
City	State	Zip Code	County

Name of Health Spa			
Address		Telephone	
City	State	Zip Code	County

\*Please note that a separate registration application or renewal form is required for each health spa facility unless the health spas offer all members fully interchangeable, comparable services at the separate locations within a 15-mile radius.

**PART II: Health Spa Fee**

Health spas offering health spa services to buyers under written agreements that obligate buyers for more than three months and health spas that receive advanced payment for periods of more than three months are required to pay a fee to the Health Spa Guaranty Fund at the time of registration or subsequent renewal in accordance with the below.

1. The registering health spa has \_\_\_\_\_ (number) un-expired health spa contracts that exceed three months. \*Please note that if this number is “0” you should fill out an Exemption Form instead of this Application.

(If you own multiple facilities but are submitting only one registration, you must separately identify the number of un-expired health spa contracts for each location listed in this application.)

2. Attach a check or money order made payable to the “Health Spa Guaranty Fund” in an amount computed as follows:

<u>Answer to (1) Above</u>	<u>Amount of Annual Fee</u>
199 or less	\$1,000
200 to 499	\$2,000
500 to 999	\$4,000
1,000 or more	\$8,000

3. Amount submitted: \$\_\_\_\_\_.

**PART III: Services**

1. Attach any and all price lists, brochures or other publications/advertisements for the services available at your facility.
2. Attach copies of any and all forms of membership contracts, or other forms of written agreements used by buyers of your health spa's services.
3. Is personal training offered or conducted at this facility?  Yes  No

If "Yes," attach a copy of the personal training contract used, if different from the membership contract or other written agreements.

4. Is each personal trainer an employee of the facility?  Yes  No

If "No," provide the following information for each personal trainer that utilizes the facility.

Name			
Address		Telephone	
City	State	Zip Code	County

Name			
Address		Telephone	
City	State	Zip Code	County

**PART IV: Certifications**

- I have carefully read this Health Spa Registration Application, including all attachments, and the information contained therein is the product of a diligent and reasonable investigation and is true, accurate and complete to the best of my knowledge, information and belief;
  
- I am an owner or high managerial agent of the Applicant; and
  
- I understand that I must renew this registration annually.

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

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

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

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