Please complete this form and attach the documents indicated in the checklist on the following page. Return these items to: Governor's Office of Consumer Protection, 2 Martin Luther King, Jr. Drive SE, Suite 356, Atlanta, Georgia 30334-9077.

1. Name of person completing this form: ________________________________

2. (Former) business name: ________________________________

3. You were the ______ manager ______ owner ______ other (Please explain): __________________

4. Name(s) of previous owner(s) if other than yourself: ________________________________

5. Date of sale or transfer: ________________________________

6. To whom was the business sold? ________________________________

7. Are you now affiliated with the business as it is currently organized? ______ Yes ______ No

8. If you are no longer with this business, please provide the name, address and telephone number of the person we should contact: ________________________________

After completing items 1 through 8, if you are not now involved with this business, please skip to the end of the next page, sign form and return to our office, along with the information verification sheet you received.

9. Current business name: ________________________________

Address of facility: ________________________________

Phone number: (____) ______________________

10. You are the ______ manager ______ owner ______ other (Please explain): __________________

11. Check and complete either a, b or c regarding current owner:

   a) Corporation: ___________

      Name of corporation: ________________________________

      Tax identification number: ________________________________

      Registered agent: ________________________________

      Registered address: ________________________________

      Phone number: (____) ______________________ Fax number: (____) ______________________

      E-mail address: ________________________________
b) Partnership: __________

Name of partnership: ____________________________

Tax identification number: _______________________________

(List all partners, using a separate sheet if additional space is needed.)

Partner’s name ____________________ Partner’s name ____________________

Office address __________________________ Office address: ______________________

______________________________________

Office phone number: ( ) ____________________ Office phone number: ( ) _____________

Fax number: ( ) ____________________________ Fax number: ( ) ______________________

E-mail address: ____________________________ E-mail address: ______________________

Alternate address: ________________________ Alternate address: ________________________

______________________________________

Alt. phone number: ( ) ____________________ Alt. phone number: ( ) _________________

c) Sole ownership: __________ (If multiple owners, identify the required information for each owner.)

Name of owner: ____________________________

Social Security number: ______________________

Office address: ____________________________

______________________________________

Office phone number: ( ) ____________________ Fax number: ( ) ______________________

Home address: ____________________________

______________________________________

Home phone number: ( ) ____________________ E-mail address: ______________________

12. Name, address and telephone number of bank/ trust company where business account is housed:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Please read and sign the following statement and have your signature notarized. Return this form and any other required documents* to the Governor’s Office of Consumer Protection.

I, __________________________________________ (printed name), hereby swear that the information provided herein is true, complete and accurate to the best of my knowledge and belief, and that I shall notify the Governor’s Office of Consumer Protection immediately in writing upon any changes in the information contained herein.

Signature: ____________________________

Title: ____________________________

Federal tax ID number: ____________________________

Date: ____________________________

Sworn to and subscribed before me
this the __________ day of ____________________, __________.

_____________________________________________________
Notary Public

My commission expires:

*Please include the following when reporting a change of ownership:

☐ Current contract (if you are still associated with health spa listed in Item # 8 above)
☐ Change of Ownership Form
☐ Verification of Health Spa File Information sheet (blank)