



GEORGIA DEPARTMENT OF LAW
CONSUMER PROTECTION DIVISION

Health Spa Change of Ownership Form

Please complete this form and attach the documents indicated in the checklist on the following page. Return these items to the Georgia Department of Law-Consumer Protection Division, 40 Capitol Square SW, Atlanta, GA 30334.

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 now 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 Consumer Protection Division of the Georgia Department of Law.

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 Consumer Protection Division of the Georgia Department of Law 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)*