



GEORGIA DEPARTMENT OF LAW
CONSUMER PROTECTION DIVISION

Health Spa Information Form

Please complete the following information form and attach a copy of the contract to be used by your facility. Return the completed form and your contract to: Georgia Department of Law-Consumer Protection Division, 40 Capitol Square SW, Atlanta, GA 30334.

1. Business name: _____

Address of facility: _____

Phone number: () _____

Do you intend to engage in the pre-sale of memberships before the spa becomes fully operational and available for use? (Please check one) _____ Yes _____ No

If you checked "Yes" in the line above, instead of completing this form please use the **Health Spa Information Forms for Pre-Sales** that can be found on our website, www.consumer.ga.gov, under "Business Services: Forms for Your Use."

2. Check and complete either a, b or c:

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: _____

3. Name of bank/ trust company where business account is housed: _____

Address: _____

Phone number: () _____ Fax number: () _____

E-mail address: _____

4. Name of person completing this form: _____

5. Title of person completing this form: _____

Please read the following information, sign the statement below, have your signature notarized and return this form, along with the contract form you will be using, 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: _____

Social Security number: _____

Date: _____

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

Notary Public
My commission expires: