



State of Utah

DEPARTMENT OF COMMERCE
DIVISION OF CONSUMER PROTECTION

HEALTH SPA PERMIT APPLICATION FORM

Annual Application fee: \$100.00 (Non-refundable)

Applicant's Business Name

Applicant's Facility Name
(DBA)

Date of Application

OFFICE USE ONLY	
Date Issued:	_____
Permit Number:	_____
Approved:	_____
Exempt:	_____
Denied:	_____
Expiration:	_____

Please mark the appropriate box:

INITIAL
APPLICATION

RENEWAL
APPLICATION

If you have any questions, please contact the Division at (801) 530-6601.

Please make application fee check or money order payable to the **State of Utah**

Please return the completed application form to:

Department of Commerce
Division of Consumer Protection
160 East 300 South
Box 146704
Salt Lake City, Utah 84114-6704

NOTE: Registration is required by law and is effective for one year. Renewal of this registration is due 30 days prior to its expiration. Failure to renew on time can result in a \$25 late fee for every month or portion of the month the renewal is past due.

January 2011

1. **Applicant's Mailing Address:** _____
Street

City State Zip Code

Telephone Number Fax Number

2. **Facility Address:** _____
(Physical location of the business) Name Address

City State Zip Code

Telephone Number Fax Number

Facility's Website or Email Address

3. **Contact Person:** _____
Name

Telephone Number Fax Number

Email Address

4. **Applicant's Registered Agent** (The individual or business chosen to receive service of process when the applicant's business entity is a party in a legal action such as a citation.)

Name

Street Address

City State Zip Code

Telephone Number Fax Number

Email Address

5. **Does the applicant own any additional health spa facilities?** [] Yes [] No

a. If "yes", please list the name, address and telephone number of each additional facility or attach a directory listing all facilities subject to this registration.

Name Facility Address Telephone Number

Name Facility Address Telephone Number

6. Is a separate billing, collection or account Management Company utilized? Yes No

a. If "yes," please provide: _____
Company Name

Street Address

City State Zip Code

Telephone Number

7. Attach a price list, brochure or other publication for the services available at your facility or describe the payment structure for membership services and personal training services below:

8. Is personal training offered or conducted at this facility: Yes No

a. If "yes", attach a copy of the personal training contract used, if different from the membership contract, agreement or wavier. Personal Training services are subject to the same contractual requirements stated on page 4 of this application.

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

c. If "no," provide the following information for each personal trainer that utilizes the facility or attach a list. Personal Training offered by an independent contractor or subcontractor that utilizes the facility and is not an employee must be reported and register as a separate business entity.

Name Address (not the facility address) Telephone Number

Name Address (not the facility address) Telephone Number

d. Attach a copy of the agreement between the facility and any independent personal trainers that utilize the facility and are not employees. If this agreement has not been reduced to writing, describe the nature and terms of the agreement that allows independent personal trainers to utilize the facility below (including any compensation paid by personal trainers to the facility, facility membership requirements, etc).

Proof of the surety requirement is required to be filed 30 days in advance of selling, offering or attempting to sell, soliciting the sale of, or becoming a party to any contract to provide health spa services. An applicant is considered to be in compliance with this section only if the proof of surety is current. Additional forms for surety are available on our website www.dcp.utah.gov

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

Amount of bond: _____

Date of Bond: _____ Bond Expires: _____

Name of Surety Company: _____

Address of Surety Company: _____

City	State	Zip Code
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Telephone and Fax Number of Surety Company: _____

Insurance Agent Name and Telephone Number: _____

d. If a letter of credit or certificate of deposit is being submitted, please indicate the following:

Date of Letter of Credit: _____ Date Letter of Credit Expires: _____

Date of Certificate of Deposit: _____ Date Certificate of Deposit Expires: _____

Name of Utah Bank: _____

Address of Utah Bank: _____

Telephone and Fax Number of Utah Bank: _____

Banking Agent Name and Telephone Number: _____

By signing this application, the undersigned certifies that the information provided herein is true and correct.

DATED: _____

APPLICANT:

BY _____
ITS