

OFFICE OF ATTORNEY GENERAL
BUREAU OF CONSUMER PROTECTION
HEALTH CLUB REGISTRATION SECTION
14TH FLOOR, STRAWBERRY SQUARE
HARRISBURG, PENNSYLVANIA 17120
(717) 787-9707

_____ New Certificate
_____ Renewal Certificate

Current Registration Number
(If this is a Renewal)

HEALTH CLUB REGISTRATION APPLICATION

1. This Registration Application is made on behalf of the following business entity:

BUSINESS OR FICTITIOUS NAME OF
HEALTH CLUB

CORPORATION, PARTNERSHIP OR
INDIVIDUAL OWNER NAME

MAILING ADDRESS

MAILING ADDRESS

CITY COUNTY ZIP

CITY COUNTY ZIP

TELEPHONE NUMBER

REGISTERED ADDRESS FOR SERVICE
OF LEGAL DOCUMENTS

LOCATION OF HEALTH CLUB IF
DIFFERENT FROM ABOVE

CITY COUNTY ZIP

2. The health club identified in paragraph 1 above is a: (check one)

____ Corporation
(also, answer Question 3)

____ Sole Proprietorship
(also, answer Question 5)

____ Partnership
(also, answer Question 4)

____ Other (specify) _____
(also, answer Question 6)

3. If the health club identified in paragraph 1 above is a corporation, identify the state of registration: (check one)

Pennsylvania Other (specify) _____

NOTE: IF CORPORATION IS NOT A PENNSYLVANIA CORPORATION THE PENNSYLVANIA BUSINESS CORPORATION LAW (15 Pa. C.S. Section 4121) REQUIRES SUCH A CORPORATION TO OBTAIN A CERTIFICATE OF AUTHORITY TO QUALIFY TO DO BUSINESS IN PENNSYLVANIA.

NOTE: IF YOU HAVE ANSWERED QUESTION 3 GO TO QUESTION 7.

4. If the health club identified in paragraph 1 above is a partnership, has the partnership filed a fictitious name statement with the Office of the Secretary of the Commonwealth of Pennsylvania: (check one)

Yes No

NOTE: IF YOU HAVE ANSWERED QUESTION 4, GO TO QUESTION 7.

5. If the health club identified in paragraph 1 above is a sole proprietorship, has the sole proprietorship filed a fictitious name statement with the Office of the Secretary of the Commonwealth of Pennsylvania: (check one)

Yes No

NOTE: IF YOU HAVE ANSWERED QUESTION 5, GO TO QUESTION 7.

6. If the health club identified in paragraph 1 above is other than a corporation, partnership or sole proprietorship, state the form of business being used to operate your health club:

(attach additional sheets if necessary)

7. In the space provided below set forth the names, titles and business addresses of all officers and directors of a corporation; general partners of a partnership; or in the case of a sole proprietorship, any person with an ownership interest in the health club identified in paragraph 1 above: (attach additional sheets in necessary)

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. The health club identified in paragraph 1 above has satisfied the financial securities requirement of the Health Club Act as follows: (check one)

___ A. Obtained surety bond in the amount of \$_____ from

 Name of Bonding Company
 has filed a Certificate of Compliance with this Application.

___ B. Obtained an irrevocable Letter of Credit in the amount of \$ _____ from

 Name of Financial Institution
 and has filed a Certificate of Compliance with the Application.

___ C. Health Club is exempt from filing financial security and has filed Certificate of Exemption.

9. I understand that all contract records must be accurately maintained and shall be open for inspection and copying by the Bureau of Consumer Protection during normal business hours or upon 48 hours written notice.

10. I understand that I am under a continuing obligation to notify the Bureau of Consumer Protection in writing of any change in the information provided in this Registration Application and of the obligation to file a renewal certificate by June 1 of each year.

**NOTE: ATTACH EITHER A CERTIFICATE OF COMPLIANCE OR
CERTIFICATE OF EXEMPTION WITH THIS REGISTRATION APPLICATION.
NOTE: ATTACH A BLANK COPY OF YOUR HEALTH CLUB CONTRACT(S)
AND ANY AGREEMENT(S) AND PROMISSORY NOTE(S) BEING USED BY
YOUR HEALTH CLUB.**

CERTIFICATE

I hereby certify that the information contained in this Certificate of Registration is true and correct. I further certify that I have actual authority to make this certification on behalf of the health club identified in Paragraph 1 above. I also understand that any false statements made herein are subject to the penalties for unsworn falsification to authorities pursuant to 18 Pa. C.S. Section 4904.

Date

Signature

Printed Name

Title

Health Club Registration 1