ANDREW BAILEY
MISSOURI ATTORNEY GENERAL

ago.mo.gov
573-751-3321

ENCLOSE $100 FEE

Health spas new to Missouri shold complete this initial registration statement.
Mail to: Missouri Attorney General's Office • **Attention:** Registration Specialist • P.O. Box 899 • Jefferson City, MO 65102

Health Spa Information

LIST THE NAME UNDER WHICH HEALTH SPA DOES BUSINESS. _____

HEALTH SPA LOCATION _____ Street _____ City _____ State _____ Zip _____ County

STATE THE DATE THAT THE HEALTH SPA COMMENCED DOING BUSINESS IN ITS PRESENT COUNTY. _____ MM-DD-YY PHONE NO. ( ) -

IF THE HEALTH SPA IS SELLING HEALTH SPA CONTRACTS OR HEALTH SPA SERVICES ON A PREPAYMENT BASIS STATE:

The date of anticipated first sales of said contracts or health spa services. _____ MM-DD-YY

The date of anticipated first opening of the health spa. _____ MM-DD-YY

IF THE HEALTH SPA IS SELLING HEALTH SPA CONTRACTS OR HEALTH SPA SERVICES ON A NON-PREPAYMENT BASIS STATE:

The date of first sales of said contracts or health spa services. _____ MM-DD-YY

The date of first opening of the health spa. _____ MM-DD-YY

LIST THE NAME, ADDRESS, AND PHONE NUMBER OF EACH HEALTH SPA IN MISSOURI AFFILIATED WITH THE HEALTH SPA NOW REGISTERING. (Attach additional pages as necessary and mark as Attachment A.)

NAME _____ PHONE NO. ( ) -

ADDRESS _____ Street _____ City _____ State _____ Zip _____ County

NAME _____ PHONE NO. ( ) -

ADDRESS _____ Street _____ City _____ State _____ Zip _____ County

WHAT TYPE OF BUSINESS ENTITY IS THE HEALTH SPA?

☐ **Corporation** (attach articles of incorporation) ☐ **Sole proprietorship**

☐ **Partnership** (attach partnership agreement) ☐ **Other** (Please explain.) _____

IF THE HEALTH SPA IS A CORPORATION, LIST THE NAME, ADDRESS, POSITION AND TELEPHONE NUMBER OF ALL OFFICERS AND DIRECTORS OF THE CORPORATION.

NAME _____ PHONE NO. ( ) -

ADDRESS _____ Street _____ City _____ State _____ Zip _____ Position

NAME _____ PHONE NO. ( ) -

ADDRESS _____ Street _____ City _____ State _____ Zip _____ Position

Health Spa Information (Con't)

NAME _____ PHONE NO. ( ) -

ADDRESS _____ (Street) _____ (City) _____ (State) _____ (Zip) _____ (Position)

NAME _____ PHONE NO. ( ) -

ADDRESS _____ (Street) _____ (City) _____ (State) _____ (Zip) _____ (Position)

IF THE HEALTH SPA IS A PARTNERSHIP, LIST THE NAME, ADDRESS AND TELEPHONE NUMBER OF EACH PARTNER.

NAME _____ PHONE NO. ( ) -

ADDRESS _____ (Street) _____ (City) _____ (State) _____ (Zip) _____ (County)

NAME _____ PHONE NO. ( ) -

ADDRESS _____ (Street) _____ (City) _____ (State) _____ (Zip) _____ (County)

NAME _____ PHONE NO. ( ) -

ADDRESS _____ (Street) _____ (City) _____ (State) _____ (Zip) _____ (County)

LIST THE NAME, ADDRESS AND PHONE NUMBER AND INTEREST OWNED BY ANY PERSON WHO OWNS 10% OR MORE INTEREST.

NAME _____ PHONE NO. ( ) -

ADDRESS _____ (Street) _____ (City) _____ (State) _____ (Zip) _____ (Interest)

NAME _____ PHONE NO. ( ) -

ADDRESS _____ (Street) _____ (City) _____ (State) _____ (Zip) _____ (Interest)

IF THE HEALTH SPA IS A CORPORATION, LIST THE NAME, ADDRESS AND TELEPHONE NUMBER OF THE REGISTERED AGENT.

NAME _____ PHONE NO. ( ) -

ADDRESS _____ (Street) _____ (City) _____ (State) _____ (Zip) _____ (County)

WHAT TYPE OF EQUIPMENT AND PROGRAMS ARE CURRENTLY BEING OFFERED TO MEMBERS OF THE HEALTH SPA?
(Attach additional pages as necessary and mark as Attachment B.)

_____

_____

Health Spa Information (Con't)

LIST THE NAME, ADDRESS AND TELEPHONE NUMBER OF EACH MANAGER OPERATING THE HEALTH SPA.

NAME _____ PHONE NO. (☐☐☐) ☐☐☐-☐☐☐☐

ADDRESS _____ (Street) _____ (City) _____ (State) _____ (Zip) _____ (County)

NAME _____ PHONE NO. (☐☐☐) ☐☐☐-☐☐☐☐

ADDRESS _____ (Street) _____ (City) _____ (State) _____ (Zip) _____ (County)

LIST THE NAME, ADDRESS AND TELEPHONE NUMBER OF ALL BANKS, SAVINGS AND LOAN ASSOCIATIONS AND ALL OTHER SUCH FINANCIAL INSTITUTIONS IN WHICH THE HEALTH SPA MAINTAINS ANY CHECKING, SAVINGS, LOAN OR ANY OTHER ACCOUNT.

NAME _____ PHONE NO. (☐☐☐) ☐☐☐-☐☐☐☐

ADDRESS _____ (Street) _____ (City) _____ (State) _____ (Zip) _____ (County)

NAME _____ PHONE NO. (☐☐☐) ☐☐☐-☐☐☐☐

ADDRESS _____ (Street) _____ (City) _____ (State) _____ (Zip) _____ (County)

HAS THE HEALTH SPA OR ANY AGENT OR SUBSIDIARY OF THAT HEALTH SPA EVER BEEN DENIED A LICENSE OR PERMIT TO CONDUCT BUSINESS AS A HEALTH SPA OR HAD ANY SUCH LICENSE OR PERMIT REVOKED? ☐ Yes ☐ No

If the answer above is **YES**, please explain in detail by providing the location of the action, the name of the governmental agency that brought the action, and the date and nature of the action. Attach additional pages as necessary and mark as **ATTACHMENT C**.

LOCATION OF ACTION _____ DATE OF ACTION (MM-DD-YY) _____

GOVERNMENT AGENCY THAT BROUGHT ACTION _____

NATURE OF ACTION _____

HAS THE HEALTH SPA OR ANY AGENT OR SUBSIDIARY OF THAT HEALTH SPA EVER BEEN ENJOINED OR PROHIBITED FROM CONDUCTING BUSINESS AS A HEALTH SPA BY ANY GOVERNMENTAL AGENCY? ☐ Yes ☐ No

If the answer above is **YES**, please explain in detail by providing the location of the action, the name of the governmental agency that brought the action, and the date and nature of the action. Attach additional pages as necessary and mark as **ATTACHMENT D**.

LOCATION OF ACTION _____ DATE OF ACTION (MM-DD-YY) _____

GOVERNMENT AGENCY THAT BROUGHT ACTION _____

NATURE OF ACTION _____

Health Spa Information (Con't)

HAVE ANY OF THE OFFICERS, DIRECTORS, MANAGERS OR ANYONE ELSE OWNING MORE THAN 10% OF THE HEALTH SPA EVER BEEN CONVICTED OF A FELONY? ☐ Yes ☐ No

If the answer above is **YES**, please explain in detail. Attach additional pages as necessary and mark as **ATTACHMENT E**.

_____

_____

_____

WHAT IS THE MAXIMUM LENGTH OF THE MEMBERSHIP CURRENTLY BEING OFFERED FOR SALE AND SOLD FOR THE HEALTH SPA?
(Attach copies of all contracts for membership currently being used by the health spa.)

_____

_____

Verification Statement

Being duly sworn deposes and states that s/he has made the foregoing initial registration statement of a health spa, as required by section 407.327, RSMo; that s/he has read the foregoing registration statement and knows the contents thereof; that s/he is authorized to verify the foregoing registration statement; that the foregoing registration statement is true to her/his own knowledge; and that the foregoing registration statement was made for the purpose of complying with the requirements of sections 407.325 through 407.340, RSMo.

Printed Name _____

Authorized Signature _____

Enclose $100 check for registration fee. Make check payable to "Health Spa Regulatory Fund".

Notary

Subscribed and sworn to before me, this _____ day of _____, 20 _____

Notary Public Signature _____