STATE OF TENNESSEE

Division of Consumer Affairs

Health Club Registration Application

INSTRUCTIONS

1.) You must submit a registration fee in the amount of $250 with your initial registration application. Enclose a money order, cashier's check, personal check or corporation check made payable to the State of Tennessee. Registration must be renewed annually. When you receive your registration certificate, you will also receive a renewal application. The renewal application must be returned with a $150 renewal fee prior to the expiration of your current certificate. The expiration date is printed at the bottom of your certificate.

2.) In addition to copies of all membership and health club agreements, submit copies of the following documents. If applicable, they must be submitted with your application: audited financial statement, surety bond, corporate charter, most recent annual report filed with the Secretary of State's Office and partnership agreement. Failure to submit the required documents may result in rejection of the registration application.

3.) Please type or print clearly in ink

4.) Do not leave any question blank. If a question is not applicable, please so state and specify the reason(s). Incomplete statements or unanswered questions may result in rejection of the registration application.

5.) Attach additional pages if necessary. Indicate on the application if an additional page(s) has been attached and put the number of the question being answered at the top of the additional page(s).

6.) Once the application is completed, the person providing the information and signing the affidavit must have the application notarized before submitting it to the Division. Failure to have the application signed and notarized will result in rejection of the registration application.

7.) Make copies of your application and any other documents for your files. They will be helpful when applying for renewal of your registration certificate.

8.) Return the registration application and fee to:
Tennessee Division of Consumer Affairs
ATTN: Health Club Registration
500 James Robertson Pkwy., 5th Floor
Nashville, TN 37243-0600

9.) A separate registration application and fee is required for each health club location.

THE REGISTRATION IS EFFECTIVE ONLY UPON ISSUANCE OF A CERTIFICATE OF REGISTRATION BY THE DIVISION. IF YOU DO NOT HAVE A VALID CERTIFICATE OF REGISTRATION, YOU CANNOT OPERATE THE HEALTH CLUB.
If you have questions, feel free to contact the Division at (615) 741-4737 or toll free in TN at 1-800-342-8385.

1.) Provide the following information for the corporation or unincorporated business selling health club memberships or agreements.

_____
Name

_____
Street Address

_____
City State Zip Code

( )
Area Code Telephone Number County

2.) Mailing address, if different from above.

_____

3.) On what date did the entity listed above begin doing business in Tennessee?

_____

4.) If different from #3, the date this health club location began operation.

_____

5.) List the name, address and telephone number under which this health club location operates, if different from the information provided in #1.

_____
Name Telephone

_____
Street Address City, State, Zip Code

6.) List any other name by which this health club location is known.

_____

7. Internet Website address

_____

8.) List the name(s), address(es) and telephone number(s) of each and every Tennessee location, owned and operated by the entity listed in #1, at which health club services, facilities or equipment are provided.

(1) _____
Name Telephone

_____
Street Address City, State, Zip Code

(2) _____
Name Telephone

_____
Street Address City, State, Zip Code

(3) _____
Name Telephone

_____
Street Address City, State, Zip Code

(4) _____
Name Telephone

_____
Street Address City, State, Zip Code

(5) _____
Name Telephone

_____
Street Address City, State, Zip Code

9.) Indicate the structure of the business entity listed in #1:

_____ corporation (attach a copy of the corporate charter and most recent annual report filed with the Secretary of State's Office)

_____ general partnership (attach copy of partnership agreement)

_____ limited partnership (attach copy of partnership agreement)

_____ sole proprietorship

_____ other (please explain) _____

10.) List the name, address, position and telephone number of all officers, directors, partners (general or limited), stockholders (indicate % of stock owned), individuals or other entity having an ownership interest in the health club.

_____

_____

_____

_____

_____

_____

_____

_____

11.) Is this business entity or facility a franchise?_____ If yes, please provide name, business address, and telephone number of franchisor.) Please attach copy of the franchise agreement).

_____

_____

12.) List the name, address and telephone number of the registered agent.

_____
Name Telephone

_____
Street Address City, State, Zip Code

13.) Specify whether the business entity listed in #1 has, or ever had, an ownership interest in any business entity or facility which sells, or ever sold, health club services in the State of Tennessee other than those entities or facilities listed in #7. If so, list the name, address and telephone number for each such facility (including the last known business address of business entities or facilities that are no longer in existence). Also, specify whether such business entity or facility is currently transacting business in the State of Tennessee or, if not, the date the business entity or facility ceased operations.

_____

_____

_____

_____

14.) Specify whether any individual or entity listed in #10 has, or ever had, an ownership interest in any business entity or facility which sells, or ever sold, health club services in the State of Tennessee other than those entities or facilities listed in #8. If so, list the name, address and telephone number for each such facility (including the last known business address of business entities or facilities that are no longer in existence). Also, specify whether such business entity or facility is currently transacting business in the State of Tennessee or, if not, the date the business entity or facility ceased operations.

_____

_____

_____

_____

_____

_____

15.) List the basic terms (price, length, special fees, restrictions, etc.) of all membership plans, including special offers, that are now in effect. NOTE: COPIES OF ALL MEMBERSHIP AND HEALTH CLUB AGREEMENTS OFFERED BY THE HEALTH CLUB MUST ACCOMPANY THIS APPLICATION. ALL HEALTH CLUB AGREEMENTS ARE REQUIRED BY LAW TO BE IN WRITING.

_____

_____

_____

_____

_____

16.) Provide a brief description of the health club services, equipment and facilities being offered by placing a check mark (✓) in the applicable spaces below:

_____ aerobics

_____ fitness machines (Nautilus, etc.)

_____ free weights

_____ gymnasium

_____ locker rooms

_____ massage

_____ nursery

_____ pro shop

_____ personal training
(Service provided under separate agreement_____?

_____ racquetball

_____ restaurant

_____ sauna

_____ swimming pool

_____ tanning beds

_____ track (indoor)

_____ track (outdoor)

_____ toning machines

_____ tennis (indoor)

_____ tennis (outdoor)

_____ whirlpool

_____ other (please specify) _____

_____

_____

17.) Indicate whether the entity listed in #1 owns or leases the site of the health club location.

_____

18.) Indicate whether the health club location is a free standing structure or part of another structure.

_____

19.) Indicate whether the entity listed in #1 plans to enter into membership agreements (pre-sell) prior to the health club facility being fully operational.

_____

20.) What are the dates of the planned pre-sale period?

_____

21.) How many memberships are proposed to be pre-sold?

_____

22.) Proposed date for facility opening?

_____

23.) Number of members under membership agreements as of the date this application is completed.

_____

24.) Total number of members as of the date this application is completed.

_____

25.) List the days and hours of operation of this health club location.

_____

26.) Provide the name, address and telephone number of the individual that the Division should contact to clarify any questions arising from this application.

_____
Name Telephone

_____
Street Address City, State, Zip Code

AFFIDAVIT

Date: _____

_____
Name of Applicant

By _____
Print Name and Title

STATE OF _____)

COUNTY OF _____)

The undersigned _____, being first duly sworn, deposes and says:

That he has executed the foregoing application for and on behalf of the applicant, has authority to bind the applicant, and is fully authorized to execute and file such application; that he is familiar with such application and with the provisions of Tenn. Code Ann. §§ 47-18-301 et seq.; and that the statements made in such application are true and complete, and any copies of documents submitted with this application are true copies of the originals. Furthermore, and provided that this health club is entering or offering to enter into health club agreements, the undersigned certifies that the health club location at

_____
Street Address City State Zip Code

is expected to open on or about _____, 2 _____ and that the applicant has materially complied with the requirements found in the provisions of Tenn. Code Ann. §§ 47-18-301 et seq., for entering into health club membership agreements and operating a health club facility in the State of Tennessee. It is also understood that there is a continuing obligation to notify the Division of Consumer Affairs of any change in the information provided.

_____
Signature of Witness

_____
Print Name of Witness

_____
Signature

If applicant is a corporation, the affidavit should be executed by its President or Vice President with impression of the corporate seal affixed, and attested below by the corporate Secretary.

ATTESTATION:

_____
Signature

_____
Print Name and Title

Subscribed and sworn to before me
this _____ day of _____, 2 _____

_____
NOTARY PUBLIC

In and for the County of

_____
NOTARY PUBLIC

State of _____

My Commission Expires: _____