CPHCL-01, Rev 4/17

STATE OF CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION Telephone: (860) 713-6100 Website: <u>www.ct.gov/dcp</u>



For Official Use Only	
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HEALTH CLUB APPLICATION

INSTRUCTIONS:

All spaces must be completed - please print in ink or type. A check or money order for the appropriate fee must accompany this application - see fee schedule on reverse.

Please check the license type you are applying for: 🗌 Health Club 🗌 Martial Arts/Self Defense

Name of Health Club (d/b/a	a)							
Street Address			City			State	Zip Code	
Telephone Number	Federal ID Number	Email Ad	mail Address			Anticipated Opening Date		
Mailing Address if differer	nt from above:	<u> </u>						
Street Address			City			State	Zip Code	
Is the Health Club a franch	ise? 🗌 Yes 🗌 No							
Section 21a-226(b) A Health Club operated primarily for the purpose of teaching particular forms of self-defense or martial arts that has an annual gross revenue of less than one hundred throusand dollars shall pay one hundred dollars annually to the guaranty fund" Is this Health Club operated primarily for the purpose of teaching particular forms of either self-defense or martial arts? Yes No If yes, does this Health Club have annual gross revenues of less than \$100,000? Yes No								
Indicate Organizational Structure: Sole Proprietor Corporation Partnership Limited Partnership Limited Liability Company								
Indicate Name of Organization:								
FOR CORPORATION, PARTNERSHIP, LLC OR LLP ONLY List below the names, addresses and titles of all persons associated in the ownership.								
Name	Addro				SS#		Title	
Name	Addro	ess			SS#		Title	
Name	Addr	255			SS#		Title	
AFFIDAVIT (To be made before a Notary Bublic on other official availified by law to administry on the)								

plicant or duly authorized member of the partnership ly sworn according to law depose and say the answe the purpose of inducing the issuance of the registrat	rs above set forth are true to the bes	
Signature of Officer, Partner or Proprietor	Title	Date
Subscribed and sworn to before me:		
Signature of Notary Public	Date	My Commission Expires

The following **MUST** accompany your license application:

1). License Fee: A check or money order made payable to: "Treasurer, State of Connecticut"

Licence Fee Health Club:(\$250.00 License Fee/\$500.00 Guaranty Fund Fee) Total \$750.00

License Fee Martial Arts:(\$250.00 License Fee/\$100.00 Guaranty Fund Fee) Total \$350.00

All Licenses Expire September 30th and Must Be Renewed Yearly

2). <u>Two Health Club Contracts</u> which the applicant is currently using, or intends to use. Each contract submitted must include therein "Buyer's Right to Cancel", prices of all available memberships, and a list of equipment and services. SUBMIT PROPOSED CONTRACTS ONLY. Contracts must comply with Sec. 21a-217, 21a-218, 21a-219, 21a-220 and 21a-221.

After we have received your application, the Department of Consumer Protection will contact you to schedule an inspection. Questions can be emailed to <u>dcp.investigations@ct.gov</u>.

Requirements needed for inspection:

- > Equipment must be on premises
- Trade Name Certificate (if necessary) from the Town Clerk's Office in the town where the club is located
- > Certificate of Occupancy from the town where the club is located
- Completed Contracts
- > Posting of the Buyer's Right to Cancel, Prices & Terms

➔ YOU MAY <u>NOT</u> OPERATE OR SIGN ANY CONTRACTS WITH CONSUMERS UNTIL THE CLUB HAS BEEN INSPECTED AND APPROVED BY THE DEPARTMENT OF CONSUMER PROTECTION FOR A HEALTH CLUB LICENSE.

Return your completed application and fee to: Department of Consumer Protection License Services Division 450 Columbus Blvd, Ste 801 Hartford, CT 06103

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INSPECTION DATE:		INSPECTED BY:	APPROVED BY:	APPROVAL DATE:			
DATE OF OPENING:		FEE COLLECTED:	CHECK OR MONEY ORDER #:	BUSINESS NO LONGER ACTIVE			
NEW LICENSE	RENEWAL APPLICATION	CURRENT LICENSE #	<u>.</u>	EXPIRATION DATE: 9 / 3 0 /			