

**GOVERNOR'S OFFICE OF CONSUMER AFFAIRS**  
**Health Spa Information Form**

*Please complete the following information form and attach a copy of the contract to be used by your facility. Return the completed form and your contract to: Governor's Office of Consumer Affairs, 2 Martin Luther King, Jr. Drive SE, Suite 356, Atlanta, Georgia 30334-4600.*

1. Business name: \_\_\_\_\_  
Address of facility: \_\_\_\_\_

Phone number: (    ) \_\_\_\_\_

Do you intend to engage in the pre-sale of memberships before the spa becomes fully operational and available for use? *(Please check one)* \_\_\_\_\_ Yes    \_\_\_\_\_ No

If you checked "Yes" in the line above, instead of completing this form please use the **Health Spa Information Forms for Pre-Sales** that can be found on our website, [www.consumer.ga.gov](http://www.consumer.ga.gov), under "Services for the Business: Forms for Your Use."

2. Check and complete either a, b or c:

a) *Corporation:* \_\_\_\_\_

Name of corporation: \_\_\_\_\_

Tax identification number: \_\_\_\_\_

Registered agent: \_\_\_\_\_

Registered address: \_\_\_\_\_

Phone number: (    ) \_\_\_\_\_ Fax number: (    ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

b) *Partnership:* \_\_\_\_\_

Name of partnership: \_\_\_\_\_

Tax identification number: \_\_\_\_\_

*(List all partners, using a separate sheet if additional space is needed.)*

Partner' s name \_\_\_\_\_ Partner' s name \_\_\_\_\_

Office address \_\_\_\_\_ Office address: \_\_\_\_\_

Office phone number: (    ) \_\_\_\_\_ Office phone number: (    ) \_\_\_\_\_

Fax number: (    ) \_\_\_\_\_ Fax number: (    ) \_\_\_\_\_

E-mail address: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Alternate address: \_\_\_\_\_ Alternate address \_\_\_\_\_

Alt. phone number: (    ) \_\_\_\_\_ Alt. phone number: (    ) \_\_\_\_\_

c) Sole ownership: \_\_\_\_\_ (If multiple owners, identify the required information for each owner.)

Name of owner: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Office address: \_\_\_\_\_

\_\_\_\_\_

Office phone number: ( ) \_\_\_\_\_ Fax number: ( ) \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_

Home phone number: ( ) \_\_\_\_\_ E-mail address: \_\_\_\_\_

3. Name of bank/ trust company where business account is housed: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone number: ( ) \_\_\_\_\_ Fax number: ( ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

4. Name of person completing this form: \_\_\_\_\_

5. Title of person completing this form: \_\_\_\_\_

*Please read the following information, sign the statement below, have your signature notarized and return this form, along with the contract form you will be using, to the Governor's Office of Consumer Affairs.*

I, \_\_\_\_\_ (printed name), hereby swear that the information provided herein is true, complete and accurate to the best of my knowledge and belief, and that I shall notify the Governor's Office of Consumer Affairs immediately in writing upon any changes in the information contained herein.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Date: \_\_\_\_\_

Sworn to and subscribed before me

this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: