



ENCLOSE \$100 FEE

Existing health spas should complete this renewal registration statement form annually. **REGISTRATION #** _____
Return to: Missouri Attorney General's Office • **Attention:** Registration Specialist • P.O. Box 899 • Jefferson City, MO 65102

Health Spa Information

LIST NAME UNDER WHICH HEALTH SPA LAST REGISTERED _____

LIST NAME UNDER WHICH HEALTH SPA CURRENTLY CONDUCTS BUSINESS IN MISSOURI _____

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

STATE THE SPECIFIC DATE THAT THE HEALTH SPA COMMENCED BUSINESS IN MISSOURI. _____
MM-DD-YYYY

LIST THE NAME, ADDRESS, AND PHONE NUMBER OF EACH HEALTH SPA IN MISSOURI AFFILIATED WITH THE HEALTH SPA.
(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 _____ County _____

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 _____



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 County

NAME _____ PHONE NO. () -

ADDRESS _____
Street City State Zip County

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

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

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.)



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 _____

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 D**.

Verification Statement

Being duly sworn deposes and states that s/he has made the foregoing renewal 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 renewal fee. Make check payable to "Health Spa Regulatory Fund".

Notary

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

Notary Public Signature _____