## HEALTH SPA FACILITY REGISTRATION APPLICATION

Annual Application fee: \$100.00 (Non-refundable)

| refundable)  |                      |
|--|----------------------|
| Please make application fee check or money order payable to the <b>State of Utah</b> . | Registration Number: |
|  | Approved:            |
| Applicant's Business Name  | Exempt:              |
|  | Denied:              |
| Applicant's Facility Name  | Expiration:          |
| Date of Application  | Receipt Number:      |

OFFICE USE ONLY

Initial Application  $\square$  Renewal Application  $\square$ 

Important notice regarding business confidentiality claims pursuant to the Government Records Access and Management Act: If you wish to make a claim of business confidentiality with respect to any information in this application or with respect to records you provide to the Division, please be aware of the following law: "Any person who provides to a governmental entity a record that the person believes should be protected under 63G-2-305(1) [trade secrets] or (2) [commercial information or non-individual financial information] or both Subsections 63G-2-305(1) and (2) shall provide with the record: (A) a written claim of business confidentiality; and (B) a concise statement of reasons supporting the claim of business confidentiality.

If you have any questions, please contact the Division at (801) 530-6601.

Please make application fee payable to the State of Utah

Please return the completed application form to:

Department of Commerce
Division of Consumer Protection
160 East 300 South
Box 146704
Salt Lake City, Utah 84114-6704

NOTE: Registration is required by law and is effective for one year. Renewal of this registration is due 30 days prior to its expiration. A \$25 late fee for every month or portion of the month the renewal is past due.

| ☐ 1. Applicant's Mailir | ng Address:                   |                      |  |
|-------------------------|-------------------------------|----------------------|--|
|                         |                               |                      |  |
| Street                  |                               |                      |  |
| City                    | State                         | Zip Code             |  |
| Telephone Number        |                               | Fax Number           |  |
| ☐ 2. Applicant's Locat  | tion (Physical Location of He | ealth Spa Facility): |  |
| Street                  |                               |                      |  |
|                         |                               |                      |  |
| City                    | State                         | Zip Code             |  |
| Telephone Number        |                               | Fax Number           |  |
| Facility's Website      |                               |                      |  |
| ☐ 3. Applicant's Conta  | act Person:                   |                      |  |
|                         |                               |                      |  |
| Name                    |                               |                      |  |
| Street                  |                               |                      |  |
| City                    | State                         | Zip Code             |  |
| Telephone Number        | Fax Number                    | Email Address        |  |

| ☐ 4. Applicant's Regi                                | stered Agent:   |  |
|--|---|--|
| Name   |   |  |
| Street   |   |  |
| City   | State   | Zip Code   |
| Telephone Number                                     | Fax Number  | Email Address  |
| *If yes, a separate regis<br>by a health spa.        | tration is required for each fac  | spa facilities? Yes ☐ No ☐ lity that is maintained and operated  |
|  | int use any alternate names   | to do business at the health spa   |
| No □ Yes □ If yes                                    | , provide the alternate names.  |  |
|  |   |  |
|  |   |  |
|  | spa facility. The list must ir  | ombination of health spa services<br>nclude the price and duration of  |
|  | the health spa facility's <u>curr</u> Do not submit the entire polic  | ent liability insurance/Certificate y or the invoice.  |
| purchase a health spa s<br>must be provided to the   | service. The contract must be in  | cract. A contract is an agreement to now writing and a fully completed copy istration process, please highlight tract: |
| ☐ c. The consur<br>☐ d. A statemer<br>Code § 13-23-4 | spa facility's name and addres<br>mer's name, address, and tele<br>nt describing a consumer's right<br>(1). <b>This statement must be</b> |  |

|  | Total Number:   |
|--|---|
| designate<br>13-23-6. **<br>have been<br>execute du  | the health spa facility as the consumer's primary location. Section (For the first year of registration, state the number of contracts that executed, if any, and the number the Applicant reasonably expects to ring the first year of operation with respect to all of the health spa's unexpired or a health spa service.) See Utah Code §§ 13-23-5(3)(a) & (b); 13-23-6.  |
| the consur<br>Health Spacontract. It<br>required. F<br>Protection<br>is 13-23-3(<br>portion of t   | wish to preserve the ability or want the ability to assign a contract or change her's primary location within five driving miles of the health spa facility, the Services Protection Act requires certain language to be included in the is the health spa's responsibility to preserve this ability because it is not lease review the 2022 legislative amendment to the Health Spa Services Act at: <a href="https://le.utah.gov/~2022/bills/hbillenr/HB0436.pdf">https://le.utah.gov/~2022/bills/hbillenr/HB0436.pdf</a> . The specific section because this provision is not required, the Division will not be reviewing this the contract. We encourage you to seek assistance from an attorney in drafting sions to ensure the outcome you desire.   |
| con:<br>□ i.<br>UT <i>A</i><br>spa<br>of U<br>cont   | The contract must designate the location of the health spa facility as the umer's primary location.  An installment contract that is exempt from surety <b>AND</b> meets the criteria in H CODE § 13-23-6(1)(d) <b>MUST</b> contain the following provision: "If this health ceases operations at or changes the consumer's primary location in violation tah Code Subsection 13-23-3(7), (8), or (9), no further payments under this ract shall be due to anyone, including any assignee of the contract or haser of any note associated with or contained in this contract."  |
| use<br>□ f<br>con<br>□ g   | A clear statement of each rule that the health spa applies to the consumer's of the facilities and services.  A clear statement specifying any equipment or facility omitted from the ract's coverage, or that may be changed at the health spa's discretion.  A clear statement of the health spa's cancellation and refund policies.  |
| to the and and if a considerate and local or particular and the and th | nd by emailing and mailing written notice of the consumer's intent to rescind e email address and mailing address the health spa provided in the contract before midnight of the third business day after the day on which the consumer health spa execute the contract, as recorded by timestamp or postmark; <b>AND oplicable</b> , if a consumer and health spa execute the contract when the umer's primary location is not fully operational and available for use, before ight of the third business day after the day on which the consumer's primary ion becomes fully operational and available for use, as recorded by timestamp ostmark. The contract must clearly provide the consumer with the email ess or mailing address for the health spa so the consumer can exercise their of-rescission. |

## PLEASE REVIEW THE FOLLOWING INFORMATION BEFORE COMPLETING ITEM 11

Utah Code § 13-23-6. Exemptions from bond, letter of credit, or certificate of deposit requirement.

- (1) A health spa is exempt from Subsections 13-23-5(2) through (5) for a health spa facility, if the health spa only offers access to a health spa service at the health spa facility through:
- (a) the purchase of an individual class or session;
- (b) the purchase of a package:
- (i) with a defined number of classes or sessions; and
- (ii) for which the health spa may not hold more than \$150 worth of a consumer's unused credit;
- (c) the purchase of a monthly membership or pass, payment for which the health spa does not collect from a consumer more than two months in advance;
- (d) an installment contract that:
- (i) provides for the consumer to make all payments due under the contract, including a down payment, an enrollment fee, a membership fee, or any other payment to the health spa, in equal monthly installments spread over the entire term of the contract; and
- (ii) contains the following clause: g clause: "If this health spa ceases operations at or changes the consumer's primary location in violation of Utah Code Subsection 13-23-3(7), (8), or (9), no further payments under this contract shall be due to anyone, including any assignee of the contract or purchaser of any note associated with or contained in this contract."
- (e) a combination of health spa services described in Subsections (1)(a) through (d).

| ☐ 11. Provide the total number of unexpired contract you claim should be excluded from surety calculated Code §§ 13-23-6(1)(a) through (e). NOTE: If you be exempt from surety requirements in accordance please enter the same number provided in response | ition in accordance with Utah<br>lieve the health spa facility is<br>with Utah Code § 13-23-6(1), |
|---|---|
| Total Number:   | <u></u>   |
| ☐ 12. If the health spa facility has claimed it is exem accordance with Utah Code § 13-23-6(1), or that some be excluded from surety calculation in accordance with through (e), please select which exemption or exemption or exemption.                   | ne or all of its contracts should with Utah Code §§ 13-26-6(1)(a)                                 |

facility has not claimed any surety exemption, please continue to item 13.

☐ The health spa facility ONLY offers access to a health spa service at the health spa facility through the categories described in Utah Code § 13-23-6(1)(a) through

| (e). <b>NOTE:</b> This should only be selected if all of a health spa facility's contracts are exempt from surety calculation. See Utah Code § 13-23-6(1).  |  |  |
|---|--|--|
| $\hfill\Box$ The contract is for the purchase of an individual class or session. See Utah Code § 13-23-6(1)(a).   |  |  |
| ☐ The contract is for the purchase of a package with a defined number of classes or sessions, and for which the health spa may not hold more than \$150 worth of a consumer's unused credit. See Utah Code § 13-23-6(1)(b).   |  |  |
| $\Box$ The contract is for the purchase of a monthly membership or pass, payment for which the health spa does not collect from a consumer more than two months in advance. See Utah Code § 13-23-6(1)(c).  |  |  |
| ☐ The contract is an installment contract that provides for the consumer to make all payments due under the contract, including a down payment, an enrollment fee, a membership fee, or any other payment to the health spa, in equal monthly installments spread over the entire term of the contract, and contains the following clause: "If this health spa ceases operations at or changes the consumer's primary location in violation of Utah Code Subsection 13-23-3(7), (8), or (9), no further payments under this contract shall be due to anyone, including any assignee of the contract or purchaser of any note associated with or contained in this contract." See Utah Code § 13-23-6(1)(d). |  |  |
| $\hfill\Box$ The contract is for a combination of the services described above. See Utah Code $\S$ 13-23-6(1)(e).   |  |  |
| IT IS THE APPLICANT'S BURDEN TO PROVE THAT EITHER THE HEALTH SPA FACILITY OR ITS CONTRACT FOR HEALTH SPA SERVICES IS EXEMPT FROM SURETY CALCULATION. UTAH CODE § 13-23-6(3). THE DIVISION MAY REQUIRE THE APPLICANT TO PROVIDE ADDITIONAL INFORMATION TO SUBSTANTIATE A CLAIMED EXEMPTION.  |  |  |
| $\square$ 13. Required Surety. If the Applicant is not exempt from the surety criteria OR for any unexpired health spa contract that is not exempt from surety, provide the following: See Utah Code §§ 13-23-5(3)(a) through (c).  |  |  |
| $\square$ a. Mark the type of surety obtained by the Applicant:   |  |  |
| ☐ Performance Bond ☐ Letter of Credit ☐ Certificate of Deposit  |  |  |
| $\hfill\Box$ b. Provide a copy of the Applicant's performance bond, irrevocable letter of credit, or certificate of deposit.  |  |  |

| Selected | Number of Contracts | Principal Amount of Surety |
|----------|---------------------|----------------------------|
|          | 100 or fewer        | \$5,000                    |
|          | 101 to 250          | \$10,000                   |
|          | 251-500             | \$15,000                   |
|          | 501 to 1,500        | \$35,000                   |
|          | 1,501 to 3,000      | \$50,000                   |
|          | 3,001 or more       | \$75,000                   |

**NOTE**: Your "Number of Contracts" should equal the difference between your responses to Items 10 and 11.

| ☐ c. If a <b>performance b</b>                       | ond is being submitted, p        | provide the following:        |
|--|----------------------------------|-------------------------------|
| Bond Amount  | Date of Bond                     | Expiration Date               |
| Surety Provider Name                                 |                                  |                               |
| Surety Provider Street Address                       | 3                                |                               |
| City   | State                            | Zip Code                      |
| Telephone Number                                     | _                                | Fax Number                    |
| Agent Name   | -                                | Agent Telephone               |
| □ d. If a letter of credit (I provide the following: | LC) or <b>certificate of dep</b> | osit (CD) is being submitted, |
| LC/CD Amount   | Date of LC/CD                    | Expiration Date               |
| Utah Bank Name                                       |                                  |                               |
| Utah Bank Street Address                             |                                  |                               |

| City  | State   | Zip Code  |
|---|---|---|
|   |   |   |
| Bank Telephone Number   |   | Bank Fax Number   |
| Bank Agent Name   |   | Bank Agent Telephone  |
| incomplete, the applicant shall   | cility materially ch<br>I, within 30 days a<br>nes incorrect or in  | nanges or becomes incorrect or  |
| seq.) and Rule (Utah Admin. 0   | Code R152-23). I to to consequence if this Health Spatit is subject to pe                                   | enalties under Utah law.  |
| Division of Consumer Protect impose an administrative fine operates without a current formay impose an administrative | tion may issue a<br>e of up to \$100.00<br>rm of surety, if re<br>e fine of up to \$2,<br>ed in Utah Code { | cease and desist order and per day that a health sparequired; additionally the Division 500 for each separate violation \$13-23-5(2)(d), up to \$10,000 for |
| By signing this application, the herein is true and correct.  | undersigned ce  | rtifies that the information provided   |
| Applicant Signature   |   |   |
| Applicant Print Name  |   |   |
| Date  |   |   |