

8. If the health spa is a corporation, list the name, address, position and telephone number of all officers and directors of the corporation.

NAME	POSITION	()	-
		PHONE	
ADDRESS	CITY	STATE	ZIP
NAME	POSITION	()	-
		PHONE	
ADDRESS	CITY	STATE	ZIP
NAME	POSITION	()	-
		PHONE	
ADDRESS	CITY	STATE	ZIP
NAME	POSITION	()	-
		PHONE	
ADDRESS	CITY	STATE	ZIP

9. If the health spa is a partnership, list the name, address and telephone number of each partner.

NAME	()	-
		PHONE
ADDRESS	CITY	STATE ZIP
NAME	()	-
		PHONE
ADDRESS	CITY	STATE ZIP
NAME	()	-
		PHONE
ADDRESS	CITY	STATE ZIP

10. List the name, address, telephone number and interest owned by any person who owns 10 percent or more interest in the health spa.

NAME	()	-	INTEREST
		PHONE	
ADDRESS	CITY	STATE	ZIP
NAME	()	-	INTEREST
		PHONE	
ADDRESS	CITY	STATE	ZIP

11. If the health spa is a corporation, what is the name, address and telephone number of the registered agent of the corporation?

_____		()	-
NAME		PHONE	
_____	_____	_____	_____
ADDRESS	CITY	STATE	ZIP

12. List the name, address and telephone number of each manager operating the health spa.

_____		()	-
NAME		PHONE	
_____	_____	_____	_____
ADDRESS	CITY	STATE	ZIP

_____		()	-
NAME		PHONE	
_____	_____	_____	_____
ADDRESS	CITY	STATE	ZIP

13. 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.)

14. 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	
_____	_____	_____	_____
ADDRESS	CITY	STATE	ZIP

_____		()	-
NAME		PHONE	
_____	_____	_____	_____
ADDRESS	CITY	STATE	ZIP

15a. 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

b. If the answer to 15a 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)

_____	_____
GOVERNMENTAL AGENCY THAT BROUGHT ACTION	NATURE OF ACTION

16a. Has the health spa or any agent or subsidiary of the health spa ever been enjoined or prohibited from conducting business as a health spa by any governmental agency? Yes No

b. If the answer to 16a 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 D.)

LOCATION OF ACTION

DATE OF ACTION (MM-DD-YY)

GOVERNMENTAL AGENCY THAT BROUGHT ACTION

NATURE OF ACTION

17a. Have any of the officers, directors, managers or anyone else owning more than 10 percent of the health spa ever been convicted of a felony? Yes No

b. If the answer to 17a is yes, please explain in detail. (Attach additional pages as necessary and mark as Attachment E.)

18. What is the maximum length of the membership currently being offered for sale and sold for the health spa? (Attach copies of all contracts for membership currently being used by the health spa.)

VERIFICATION

State _____)
) SS.
County _____)

_____ being duly sworn deposes and states that s/he has made the foregoing initial 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.

SIGNATURE

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

_____ (Notary Public)

Enclose a \$100 check for registration fee. Make check payable to "Health Spa Regulatory Fund" and return to: Missouri Attorney General's Office Attention: Rhonda Johnson PO Box 899 Jefferson City, MO 65102