

7. 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

8. 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

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

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

10. 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

11. 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

12. 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.)

13. 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

14a. 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 14a 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)
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GOVERNMENTAL AGENCY THAT BROUGHT ACTION	NATURE OF ACTION
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