

**Form 3001—General Information  
(Health Spa Registration Application/Renewal)**

The attached form is designed to meet minimal statutory filing requirements pursuant to the relevant code provisions. *This form and the information provided are not substitutes for the advice and services of an attorney.*

**Commentary**

Health Spas are governed by Chapter 702 of the Texas Occupations Code (the “Health Spa Act”) and the secretary of state’s administrative rules found in 1 Texas Administrative Code Chapter 102. Section 702.102 of the Health Spa Act sets forth the requirements for the issuance of a certificate of registration enabling a person to operate a health spa or offer for sale or sell a membership in a health spa. *The Health Spa Act requires a separate registration for each health spa location.*

Certificates of registration are effective as of the date of issuance and are not transferrable. The certificate expires one year from the date of issuance and may be renewed. Any changes to the information provided on the application must be filed with the secretary of state within 90 days of the change. Form 3009 may be used to amend the total number of and amount paid for prepaid memberships.

**Instructions for Form**

- **Preliminary Information:** Select the appropriate box indicating whether this is a new application or an application for renewal. If it is a renewal, the registration number assigned by the secretary of state should be provided to facilitate processing of the document.
- **Health Spa Information:** The application must set forth the name in which the health spa intends to conduct business. *This must match what is on the surety bond and the contracts.*

The application must also include the physical address of the health spa. This is the address where the actual health spa is located. Please note, each health spa location is required to file a separate application. Provide the telephone number, and approximate square footage of the health spa.

The application must include a detailed description of the available or proposed facilities and services offered at the health spa location, e.g., aerobics, free weights, gymnasiums, running tracks, racquetball courts, martial arts equipment, exercise equipment, swimming pool, sauna, diet planning, exercise instruction, instructional classes, etc. This should include the hours of operation and the availability and access to instructors, trainers, and classes.

Unless the health spa is exempt from the security requirement under subchapter E of the Health Spa Act, provide the total number of prepaid memberships at the health spa location and the total amount paid for all of the prepaid memberships. "Prepaid membership" means any membership for which a member pays consideration in advance for a term that exceeds 31 days. This number can be 0, but cannot be left blank unless the facility is exempt from the security requirement.

- **Applicant Information:** The application for registration is filed by the applicant and must set forth the applicant’s legal name, address, telephone number, and Federal Employer Identification Number (FEIN). If the applicant is an individual, do not provide the social security number of the individual in this field. The applicant should also provide a contact telephone number and the organizational form of the business. If the applicant is a corporation, limited liability company,

or limited partnership, the legal name is the name registered with the secretary of state. These entities should also provide the registered office on file with the secretary of state.

If the Applicant has other registered health spa locations in Texas and an identification number has been previously issued by the secretary of state, provide the identification number of the registered location.

- **Owner Information:** The application must set forth the ownership information. If the health spa has more than three owners, use an additional sheet.
  - If the applicant is a corporation or limited liability company, the application must provide the name and address of each person who directly or indirectly owns or controls 10% or more of the ownership interests of the entity.
  - If the health spa is operated as a general partnership, the application must provide the name and address of all of the partners.
  - If the health spa is operated as a limited partnership, the application must provide the name and address of each general partner.
  - If the health spa is operated as a sole proprietorship, the application must provide the name and address of each person deemed to be an owner.
  - The application must also provide the name and address of any person or entity exercising direct control of the health spa and holding any direct or indirect ownership interest.

A document on file with the secretary of state is a public record subject to public access and disclosure. When providing address information for owners, use a business or post office box address rather than a residence address if privacy concerns are an issue.

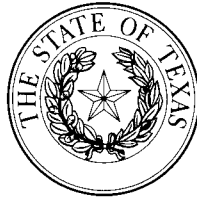
- **Litigation Disclosure:** The application must disclose any pending or past litigation, or any complaint filed with a governmental authority, that relates to the failure to open a health spa or relates to the closure of a health spa that has been brought against the owners, officers, or directors of the applicant within the last two years. If no such litigation or complaint is pending or was completed within the past two years, the application must contain a statement to that effect.
- **Statement Regarding Security:** Please identify the type of security that is being used pursuant to Subchapter D of the Health Spa Act.
- **Attachments: The following items must be included with the application:**
  1. Sample contract(s). Include a sample copy of each contract or membership agreement for use in connection with the sale of memberships to this health spa location. The contracts/agreements must conform to the requirements of subchapter G of the Health Spa Act.
  2. Proof of security or exemption. Subchapter D of the Health Spa Act requires applicants to file security in the amount of not less than \$20,000 or more than \$50,000, sufficient to protect the health spa's total membership, unless the applicant is exempt by subchapter E. If the applicant is not exempt, provide proof of security in the form of a surety bond or certificate of deposit assigned to the secretary of state. If the applicant is exempt, attach Form 3006 or an unexpired Certificate of Exemption.
  3. Filing fee of \$100.

- **Execution:** A person who is authorized to sign on behalf of the person or entity applying for a health spa registration certificate must sign and date the application before a notary public or other official who has authority to administer an oath.
- **Payment and Delivery Instructions:** The filing fee for a health spa registration application or renewal is **\$100**. Fees may be paid by personal checks, money orders, LegalEase debit cards or American Express, Discover, MasterCard, and Visa credit cards. Checks or money orders must be payable through a U.S. bank or financial institution and made payable to the secretary of state. Fees paid by credit card are subject to a statutorily authorized convenience fee of 2.7 percent of the total fees.

The completed form, along with the filing fee, sample contracts, and proof of security, may be mailed to Registrations Unit, P.O. Box 13193, Austin, Texas 78711-3193 or delivered to the James Earl Rudder Office Building, 1019 Brazos, 5<sup>th</sup> Floor, Austin, Texas 78701. The secretary of state will issue a certificate of registration upon filing of a completed application.

Revised 2/2018

Submit to:  
SECRETARY OF STATE  
Registrations Unit  
P O Box 13193  
Austin, TX 78711-3193  
512-475-0775  
512-475-2815 – Fax



**HEALTH SPA REGISTRATION  
APPLICATION / RENEWAL**

**Filing Fee: \$100**

Application for New Registration                      Registration Number: \_\_\_\_\_  
 Application for Renewal of Registration

**Health Spa Information**

Trade or assumed name by which applicant is doing business:  
\_\_\_\_\_

Physical Address of Health Spa:

\_\_\_\_\_ TX  
*Street*    *City*                      *State*      *Zip Code*

Phone: \_\_\_\_\_ Approximate square footage of facility: \_\_\_\_\_

Hours of operation: \_\_\_\_\_

Describe the available or proposed facilities and services offered at this location (Please be specific):

*Provide the number and total amount paid for prepaid memberships at this location unless exempt under §702.202*

Number of prepaid memberships at this locations: \_\_\_\_\_

Total amount paid for all prepaid memberships: \$ \_\_\_\_\_

**Applicant Information**

Organizational Form:  Corporation  LLC  LP  Sole Proprietor  General Partnership

Legal Name: \_\_\_\_\_ FEIN: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street*    *City*                      *State*      *Zip Code*

If the Applicant is a filing entity with the Texas Secretary of State, provide the registered office address:

\_\_\_\_\_ *Street*    *City*                      *State*      *Zip Code*

Mailing Address (if different from above):

\_\_\_\_\_ *Street*    *City*                      *State*      *Zip Code*

Date the applicant became owner and operator of the Health Spa: \_\_\_\_\_

Does the applicant have other Texas locations?  Yes  No Identification Number: \_\_\_\_\_

### Owner Information

*Complete for all owners. For corporations, LLCs, LPs, or general partnerships, include each person or other entity who directly or indirectly owns or controls 10% or more of the ownership interests of the entity.*

Name: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_  
*Street City State Zip Code*

Name: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_  
*Street City State Zip Code*

Name: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_  
*Street City State Zip Code*

**(LIST ANY OTHER OWNERS ON A SEPARATE SHEET)**

### Litigation Disclosure

*Complete one of the following:*

A. Within the past two years, there has been no litigation and no complaint filed with a governmental authority relating to the failure to open or the closing of a health spa brought against the health spa owners, officers, or directors for which the registration statement is being filed.

**OR**

B. Litigation and/or complaint(s) filed with a governmental authority relating to the failure to open or the closing of a health spa brought against the owners, officers, or directors of the health spa filing the registration statement is currently pending or was completed within the past two years and is described below:

## Statement Regarding Security

**New Security Attached:**

- Surety Bond (form 3002 attached)
- Certificate of Deposit (form 3004 attached)
- Cash/Check Attached

**Valid Security already on file (for renewals only):**

This is an application for renewal. The copy of the security previously provided is valid and has not expired. No information has changed.

This is an application for renewal. A rider from the surety company is attached reflecting updates to the information on the face of the bond.

**Applicant is exempt from security requirement:**

- New Security Exemption Application (form 3006 attached)
- Unexpired Security Exemption already on file.

The following items must be included with each application:

1. A sample of each contract for use in connection with the sale of memberships to this location;
2. Proof of Security or Security Exemption (if required)
3. \$100 filing fee.

### Execution

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed or typed name of Applicant

**To be Completed by a Notary Public**

State of \_\_\_\_\_ )

County of \_\_\_\_\_ )

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

(seal)

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