



For Official Use Only

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
 TRADE PRACTICES DIVISION
 Telephone: (860) 713-6100
 WebSite: www.state.ct.us/dcp/

HEALTH CLUB APPLICATION

INSTRUCTIONS:

All spaces must be completed - please print in ink or type. A check or money order for the appropriate fee must accompany this application - see fee schedule on reverse.

Please check the license type you are applying for: Health Club Martial Arts/Self Defense

Name of Health Club (d/b/a)			
Street Address		City	State Zip Code
Telephone Number (w/ area code)	Federal ID Number	Email Address	Anticipated Opening Date of Club / /
Mailing Address if different from above:			
Street Address		City	State Zip Code
Is the Health Club a franchise? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Section 21a-226(b) ...A Health Club operated primarily for the purpose of teaching particular forms of self-defense or martial arts that has an annual gross revenue of less than one hundred thousand dollars shall pay one hundred dollars annually to the guaranty fund..."			
Is this Health Club operated primarily for the purpose of teaching particular forms of either self-defense or martial arts? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, does this Health Club have annual gross revenues of less than \$100,000? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Indicate Organizational Structure:
 Sole Proprietor Corporation Partnership Limited Partnership Limited Liability Company

Indicate Name of Organization:

FOR CORPORATION, PARTNERSHIP, LLC OR LLP ONLY

List below the names, addresses and titles of all persons associated in the ownership.

Name	Address	SS#	Title
Name	Address	SS#	Title
Name	Address	SS#	Title

AFFIDAVIT

(To be made before a Notary Public or other official qualified by law to administer oaths)

I, the applicant or duly authorized member of the partnership or association, or officer of the corporation on behalf of which the above application is made, being duly sworn according to law depose and say the answers above set forth are true to the best of my knowledge and belief and that this application is made for the purpose of inducing the issuance of the registration requested.

 Signature of Officer, Partner or Proprietor Title Date

Subscribed and sworn to before me:

 Signature of Notary Public Date My Commission Expires

The following **MUST** accompany your license application:

1). **License Fee:** A check or money order made payable to: **“Treasurer, State of Connecticut”**

License Fee Health Club:(\$250.00 License Fee/\$500.00 Guaranty Fund Fee) Total \$750.00

License Fee Martial Arts:(\$250.00 License Fee/\$100.00 Guaranty Fund Fee) Total \$350.00

All Licenses Expire September 30th and Must Be Renewed Yearly

2). **Two Health Club Contracts** which the applicant is currently using, or intends to use. Each contract submitted must include therein “Buyer’s Right to Cancel”, prices of all available memberships, and a list of equipment and services. **SUBMIT PROPOSED CONTRACTS ONLY.** Contracts must comply with Sec. 21a-217, 21a-218, 21a-219, 21a-220 and 21a-221.

After we have received your application, the Department of Consumer Protection, will contact you to schedule an inspection. If you have additional questions please contact the **Trade Practices Division at (860) 713-6100**

Requirements needed for inspection:

- Equipment must be on premises
- Trade Name Certificate (if necessary) from the Town Clerk’s Office in the town where the club is located
- Certificate of Occupancy from the town where the club is located
- Completed Contracts
- Posting of the Buyer’s Right to Cancel, Prices & Terms

➔YOU MAY NOT OPERATE OR SIGN ANY CONTRACTS WITH CONSUMERS UNTIL THE CLUB HAS BEEN INSPECTED AND APPROVED BY THE DEPARTMENT OF CONSUMER PROTECTION FOR A HEALTH CLUB LICENSE.

**➔Return your completed application and fee to:
 Department of Consumer Protection
 License Services Division
 165 Capitol Avenue
 Hartford, CT 06106**

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INSPECTION DATE:	INSPECTED BY:	APPROVED BY:	APPROVAL DATE:
DATE OF OPENING:	FEE COLLECTED:	CHECK OR MONEY ORDER #:	BUSINESS NO LONGER ACTIVE
NEW LICENSE <input type="checkbox"/>	RENEWAL APPLICATION <input type="checkbox"/>	CURRENT LICENSE #	EXPIRATION DATE: 9 / 3 0 / _ _ _ _