

VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

OFFICE OF CONSUMER AFFAIRS

PO Box 526 • Richmond, VA 23218-0526

Consumer Protection Hotline (800) 552-9963 or (804) 786-2042 • Fax: (804) 225-2666 • [www.vdacs.virginia.gov](http://www.vdacs.virginia.gov)

OCA-32 Revised 08/10

**REMITTANCE FORM  
HEALTH SPA**

Annual Registration Fee	\$ _____	(930-02188)
Late Fees*	\$ _____	(930-02180)
Total Fees Submitted	\$ _____	
Check	# _____	

***Make check payable to the Treasurer of Virginia***

**Health Spa Facility Name and Address:**

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**PLEASE NOTE:** All health club registrations must include the application, a copy of the current membership contract and copy of the current membership price list to be considered complete.

**ANNUAL REGISTRATION FEE SCHEDULE**

NUMBER OF UNEXPIRED CONTRACTS**	REGISTRATION FEE
0 to 250	\$200
251 to 500	\$300
501 to 2000	\$700
2001 or more	\$800

**\*\*The number of applicable unexpired contracts shall be separately calculated for each health spa location.**

**LATE FILING FEES**

**\*Late Fees:** Registration applications are due on or before July 1st of each year. Registration applications that are not **POSTMARKED** on or before July 1 shall include a late annual registration fee in the amount of \$50 for the first location and \$25 for each additional location. After August 1st, late registration fees will continue to accrue at the rate of \$25 per location per 30 day period, until the registration has been received.

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**APPLICATION FOR REGISTRATION  
HEALTH SPA**

**NOTE: Each facility location is required to file a separate registration application.**

1. Facility Information:

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

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ VA Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact email: \_\_\_\_\_

2. Ownership Information:

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

3. Business is a (Check One):

Corporation

Limited Partnership

Sole Proprietorship

LLC

4. You must provide the following information for each owner of this health spa. If the owner is a Corporation, Partnership, Limited Liability Company or other entity, the following information must be provided for each owner of that entity:

Name (Last, First, Middle Initial) ..... % of Interest

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Did any of the owners listed in question 4 previously own, in whole or in part, a health spa facility that closed for business and failed to directly issue refunds or provide comparable alternative facilities to its members?

\_\_\_\_\_ Yes \_\_\_\_\_ No

6. Date when **CURRENT** owner sold first contract for this location: \_\_\_\_\_

MM DD YY

7. Date this location first opened for full and regular use by members. If not opened yet, the date this location will open for full use by members. (**Current Owner**): \_\_\_\_\_

MM DD YY

8. State the total number of **active/unexpired** contracts (from question #1 – Schedule A): \_\_\_\_\_

9. State the total number of **active/unexpired** bondable health spa contracts (from questions #9 – Schedule A): \_\_\_\_\_

**You must submit the appropriate letter of credit or surety bond for the number of contracts stated in question 9 (see schedule for amount of surety required below). There is no need to submit copies of bonds or letters of credit that are currently on file with the Commissioner.**

10. Has this health spa filed surety with the Commissioner? \_\_\_\_\_ Yes \_\_\_\_\_ No

11. For each health spa with a bond or letter of credit, specify:

a) Bank/Insurance Company Name: \_\_\_\_\_

b) Serial # or other identification # of the bond or letter of credit: \_\_\_\_\_

c) Amount of the bond or letter of credit: \_\_\_\_\_

d) Date issued: \_\_\_\_\_

**I CERTIFY THAT ALL THE INFORMATION CONTAINED IN THIS REGISTRATION APPLICATION IS TRUE AND CORRECT:**

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

Title: \_\_\_\_\_ Print Name: \_\_\_\_\_

**PLEASE NOTE: All health club registrations must include the application, a copy of the current membership contract and copy of the current membership price list to be considered complete.**

**AMOUNT OF SURETY REQUIRED**

NUMBER OF BONDABLE CONTRACTS	SURETY AMOUNT
0 to 250	\$10,000
251 to 500	\$20,000
501 to 750	\$30,000
751 to 1,000	\$40,000
1,001 to 1,250	\$50,000
1,251 to 1,500	\$60,000
1,501 to 1,750	\$70,000
1,751 to 2,000	\$80,000
2001 or more	\$100,000

## Schedule A - Calculation of Bondable Contracts

This schedule is an integral part of your Health Spa Registration and **MUST** be submitted along with the application.

		TOTAL CONTRACTS	TOTAL BONDABLE CONTRACTS
1	What is the total number of <b>unexpired/active</b> contracts? (Total number of contracts, regardless of type/term of contract, i.e.: month-to-month, 12 month, etc.)		
<b>MULTIPLES CALCULATIONS</b>			
2	What is the total number of <b>unexpired/active</b> contracts with a term that exceeds 13 months?		
3	What is the number of <b>unexpired/active</b> contracts from Question 2 that are payable only on a monthly basis and the initiation fee collected is no more than \$250?		
4	Subtract the number in Question 3 from the number in Question 2.		
5	Divide the number in Question 4 by the number in Question 1. (This determines percentage of contracts that are multiples).	%	
<b>BONDABLE CALCULATIONS</b>			
6	What is the total number of <b>unexpired/active</b> health spa contracts with an initial term 13 months or less, where you collected more than a \$125 initiation fee and/or more than one month, and a prorated monthly fee for the month when the contract was initially executed, in advance?	Enter the number of contracts into the box	
7	What is the total number of <b>unexpired/active</b> health spa contracts with an initial term 24 months or less, but more than 13 months, where you collected more than a \$125 initiation fee and/or more than one month, and a prorated monthly fee for the month when the contract was initially executed in advance?	If percentage in Question 5 is greater than 10%, multiply the number by 2 and enter the number in the box. If less than 10%, enter the actual number.	
8	What is the total number of <b>unexpired/active</b> health spa contracts with an initial term 36 months or less, but more than 24 months, where you collected more than a \$125 initiation fee and/or more than one month, and a prorated monthly fee for the month when the contract was initially executed in advance?	If percentage in Question 5 is greater than 10%, multiply the number by 3 and enter the number in the box. If less than 10%, enter the actual number.	
9	Total number of bondable contracts (add questions 6, 7, and 8). <b><i>This number determines the amount of surety required to be on file with the Office of Consumer Affairs, pursuant to §59.1-306 of the Virginia Health Spa Act.</i></b>		