

State of Nevada
Department of Business and Industry
Nevada Consumer Affairs

RENEWAL APPLICATION FOR REGISTRATION
(Health Clubs)

Business Name: _____

Required Items – Checklist: PLEASE CHECK ✓ EACH BOX

- Complete Application for Registration with signed and notarized Sworn Declaration
- Surety bond, letter of credit or certificate of deposit in the appropriate amount made payable to the State of Nevada
- Complete Business Questionnaire with signed and notarized Sworn Declaration
- \$25 Administrative Fee
- Copy of the organization's Nevada business license or authorization to do business as a foreign entity
- Copy of the organization's Certificate of Good Standing

MAIL FORMS TO: Nevada Consumer Affairs, 2300 W. Sahara Ave., Suite 350, Las Vegas, Nevada 89102 - Telephone (702) 486-2750 - Fax (702) 486-2758
Carson City: 1830 College Parkway, Suite 100, Carson City, Nevada 89706 - Telephone (775) 684-1910 - Fax (775) 684-2998
www.consumeraffairs.nv.gov - Email: register@business.nv.gov - Toll Free (844) 594-7275

**State of Nevada
Department of Business and Industry
Nevada Consumer Affairs**

**RENEWAL APPLICATION FOR REGISTRATION
HEALTH CLUBS**

If additional space is required to answer any question in the Application, please provide the information on a separate 8 ½ x 11 blank sheet of paper, indicating the number of the question being continued.

BUSINESS:

1. NAME OF BUSINESS: _____
2. DBA (if any): _____
3. BUSINESS ADDRESS: _____

OWNER(S):

For each owner, partner, member, director, officer, or manager provide the following information:

4. NAME: _____
5. HOME ADDRESS: _____
6. TELEPHONE #: _____
7. EMAIL ADDRESS: _____
8. OWNER'S DOB: _____ OWNER'S SS#: _____

DESCRIPTION OF BUSINESS:

9. LENGTH OF TIME IN BUSINESS: _____ YEARS _____ MONTHS
10. BRIEFLY DESCRIBE YOUR BUSINESS PRACTICES AS THEY PERTAIN TO SELLING MEMBERSHIP CONTRACTS AND/OR ACCESS TO YOUR HEALTH CLUB FACILITY:

11. HOW MANY MEMBERS DOES THE CLUB CURRENTLY HAVE? _____

SECURITY

12. THE AMOUNT OF SECURITY POSTED IN CONNECTION WITH THE APPLICATION (**Please select the appropriate checkbox below**)

Pursuant to NRS 598.946, the amount of the security to be deposited must be:

- (a) Ten thousand dollars, if the health club has less than 400 members;
- (b) Fifteen thousand dollars, if the health club has 400 members or more but less than 800 members;
- (c) Twenty thousand dollars, if the health club has 800 members or more but less than 1,200 members;
- (d) Twenty-five thousand dollars, if the health club has 1,200 members or more but less than 1,500 members;
- (e) Thirty-five thousand dollars, if the health club has 1,500 members or more but less than 4,000 members;
- (f) Fifty thousand dollars, if the health club has 4,000 members or more but less than 25,000 members; and
- (g) Two hundred and fifty thousand dollars, if the health club has 25,000 or more members.

If a health club conducts any pre-sale of the use of facilities or other services, the amount of the security required by this section is \$100,000 unless a greater amount is required pursuant to paragraph (g) of subsection 2. Does the health club conduct pre-sales: **YES** **NO**

NOTE: PURSUANT TO NRS 598.946(4), A HEALTH CLUB IS REQUIRED TO REPORT TO NEVADA CONSUMER AFFAIRS ON A QUARTERLY BASIS THE SIZE OF ITS MEMBERSHIP AND SHALL, ON THE BASIS OF ANY CHANGE IN THE SIZE OF THAT MEMBERSHIP, ADJUST ACCORDINGLY THE AMOUNT OF THE SECURITY DEPOSITED WITH NEVADA CONSUMER AFFAIRS.

13. Does the security comply with the requirements set forth in NRS 598.9472: **YES** **NO**

14. Provide the following with respect to the security posted by the applicant:

Surety Bond # _____ **Amount of Bond \$** _____ **Beneficiary: State of NV**

Name and address of the corporate surety issuing the bond:

Letter of Credit # _____ **Amount \$** _____ **Beneficiary: State of NV**

Issuing Bank: _____
Name Address

Certificate of Deposit # _____ **Date:** _____

Principal Amount \$ _____ Beneficiary: State of NV Term: _____

Issuing Institution: _____
Name Address

REGISTERED AGENT

15. The applicant designates the following member of its governing body who lives in the county where the club is located as its registered agent for service of legal process in the State of Nevada.

Name of Registered Agent: _____

Address of Registered Agent: _____
Street Address City State Zip

Registered Agent's Telephone No.: _____ Registered Agent's Fax No.: _____

Registered Agent's E-Mail: _____

The health club applicant acknowledges that it will continuously maintain a registered agent in the State of Nevada for service of legal process for as long as it is doing business in the state.

ADMINISTRATIVE FEE

16. Administrative Fee. A \$25 administrative fee must accompany the Application for Registration. Payment may be made by check or money order payable to Nevada Consumer Affairs. The Administrative Fee is non-refundable.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

CERTIFICATES OF REGISTRATION MUST BE RENEWED BY THE REGISTRANT BEFORE THE CERTIFICATE EXPIRES BY SUBMITTING AN APPLICATION FOR THE RENEWAL OF THE CERTIFICATE

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SWORN DECLARATION

I, _____ (print name), being duly sworn, depose and say that I have read the foregoing Application for Registration and know the contents thereof; that the statements contained therein are true and correct and contain a full and true account of the information requested; and that I am executing this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a registration. I am authorized to sign the Application for Registration on behalf of _____ (print applicant's name).

I hereby authorize Nevada Consumer Affairs to investigate the information provided in the foregoing Application for Registration and I expressly waive, release and forever discharge from liability and promise to hold harmless under any and all causes of action, the State of Nevada, Nevada Consumer Affairs, its agents and employees in connection with any such investigation.

Name of Applicant: _____

By: _____
(Authorized Signatory) / (Owner)

Printed Name: _____

Title: _____

Date: _____

NOTARY

State of _____

County of _____

Subscribed and sworn to before me on the _____ day of _____, 20 _____

by _____
(Name of person making statement)

Name of Notary Official: _____

Signature of Notary Official: _____

My commission expires: _____

Notary Stamp

**STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
NEVADA CONSUMER AFFAIRS UNIT**

**BUSINESS PRACTICES QUESTIONNAIRE
HEALTH CLUBS**

This Business Practices Questionnaire must be typed or printed clearly in ink. If additional space is required to answer any questions in this Business Practices Questionnaire, please continue on a blank 8 ½ X 11" sheet of paper and begin each carryover answer with the number of the question being answered.

QUESTIONS	ANSWERS
1. Business Name:	
2. Set forth the complete street address of each location, from which the business will be doing business.	
3. The business' mailing address is:	
4. Briefly describe the goods and/or services the business sells.	
5. List all telephone numbers used/to be used by the business with the physical location where each telephone using these numbers will be located.	
6. The business' facsimile numbers and e-mail addresses.	

<p>7. What is your business type?</p>	<p> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other-Please Specify <input type="checkbox"/> </p>
<p>8. Provide the following information for each principal officer, director, trustee, shareholder, owner and partner of the business, and of each person responsible for the management of the business. (Attach a separate sheet if needed.)</p> <p style="text-align: center;"> Name: Current Home Address: Home Phone Number: Date of Birth: Social Security Number: </p>	
<p>9. Has any person in question 8 been convicted of racketeering or any offense involving fraud, theft, embezzlement, fraudulent conversion or misappropriation of property or any other felony?</p>	<p> <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, identify the court rendering the conviction; provide the docket number of the matter, the date of the conviction, and the name of the governmental agency that brought the action resulting in the conviction. </p>

<p>10. Has any person listed in question 8 been an owner, officer or director of a health club that has had its license or registration suspended or revoked or been fined.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO If yes, identify the court or administrative agency and case #; and briefly describe the matter.</p>						
<p>11. Is any person listed in question 8 subject to any currently effective injunction or restrictive court order relating to any business activity as the result of any action brought by a federal, state or local agency? This includes any action affecting any license or registration authorizing the person to do business or practice an occupation or trade.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO If yes, identify the court or administrative agency issuing the order against the person; provide the case number, the date of the order, the and briefly describe the matter.</p>						
<p>12. Has the health club or its owner filed bankruptcy, been adjudged bankrupt or been reorganized because of insolvency during the previous seven years?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide the name and address of the person filing in bankruptcy, adjudged bankrupt or reorganized because of insolvency, the date of the action, the court which exercised jurisdiction and the docket number of the matter.</p>						
<p>13. In which state was the business organized, formed or incorporated? Provide a copy of the document showing the creation of the business.</p>							
<p>14. When did the business first begin to operate in Nevada?</p>	<table border="1"> <tr> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Month	Day	Year			
Month	Day	Year					
<p>15. Does the business use any assumed or fictitious names to conduct business?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide all such names:</p>						

<p>16. Is there a parent company of the business or franchiser?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide all such names:</p>
<p>17. Are there any companies affiliated with the business that will accept responsibility for any statement or act of the business as it relates to any sale solicited by the business?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide: Name: _____ Address: _____</p>
<p>18. Does the business have a Business License:</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>19. Is the business a non-profit public or private school, college or university?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>20. If the business a state or political subdivision?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>21. Is the business a non-profit religious or ethnic organization or a non-profit organization for the benefit of the community or its members?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>22. Is the business an enterprise that offers the use of its facilities for the maintenance of or development of physical fitness or the control of weight?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>23. Does the business sell or engage in the sale of the use of facilities or other services by a health club before all amenities, facilities, or benefits identified in the contract or sales presentation are available to the buyer?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>

<p>24. Is membership intended for use by the buyer and members of his family?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>25. Does the buyer or purchaser become obligated to purchase the use of facilities or other services for more than 3 months and does the business require the payment of any fee or dues 3 months in advance?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>26. Does the business require the payment of a fee for initiation or membership in an amount greater than \$75.00?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>27. Does the business accept from a buyer more than \$100.00 at any one time for the use of facilities or other services?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>28. How many members does the health club have?</p>	<p>1. <input type="checkbox"/> 0 to 399 members 2. <input type="checkbox"/> 400 to 799 members 3. <input type="checkbox"/> 800 to 1,199 members 4. <input type="checkbox"/> 1,200 to 1,499 members 5. <input type="checkbox"/> 1,500 to 3,999 members 6. <input type="checkbox"/> 4,000 to 24,999 members 7. <input type="checkbox"/> over 25,000 members</p>

SWORN DECLARATION

I, (print name), being duly sworn, depose and say that I have read the foregoing Business Questionnaire and know the contents thereof; that the statements contained therein are true and correct and contain a full and true account of the information requested; and that I am executing this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a registration. I am authorized to sign this Business Questionnaire on behalf of (print applicant's name).

I hereby authorize the Nevada Consumer Affairs Unit to investigate the information provided in the foregoing Business Questionnaire and I expressly waive, release and forever discharge from liability and promise to hold harmless under any and all causes of action, the State of Nevada, Consumer Affairs Unit, its agents and employees in connection with any such investigation.

Name of Applicant:

By: _____
(Authorized Signatory) / (Owner)

Printed Name:

Title:

Date:

NOTARY

State of

County of

Subscribed and sworn to before me on the day of , 20

by
(Name of person making statement)

Name of Notary Official:

Signature of Notary Official: _____

My commission expires:

Notary Stamp