OFFICE OF ATTORNEY GENERAL

Kentucky Office of Regulatory Relief

(New Administrative Regulation)

40 KAR 12:440. Health Spas.

RELATES TO: KRS 367.900, 367.905, 367.906

STATUTORY AUTHORITY: KRS 15.180, 367.150(4), 367.905, 367.906

CERTIFICATION STATEMENT: This is to certify that this administrative regulation amendment complies with the requirements of 2025 RS HB 6, Section 8.

NECESSITY, FUNCTION, AND CONFORMITY: KRS 15.180 authorizes the Attorney General to promulgate administrative regulations that will facilitate performing the duties and exercising the authority vested in the Attorney General and the Department of Law. KRS 367.150(4) requires the Department of Law to recommend administrative regulations in the consumers' interest. KRS 367.905 requires health spas to file registration statement applications and renewal statement applications with the Attorney General. KRS 367.906 requires the Attorney General to establish a surety bond form for use by health spas. This administrative regulation establishes the registration and renewal statement applications and surety bond form to be used by health spas.

Section 1. Health Spa Registration Statement Application. (1) The Attorney General must approve a health spa's registration application before a health spa may offer health spa services or facilities at a specific location in the Commonwealth of Kentucky. A health spa shall complete and submit a Health Spa Registration Statement Application, Form HS-1, to the Attorney General's office, and submit:

(a) Payment of the $100.00 registration fee;

(b) The applicant's certificate of existence, authorization certificate from the Kentucky Secretary of State's office, or other evidence of the applicant's authority to transact business in Kentucky; and

(c) Unless exempted by KRS 367.906(4), a completed Health Spa Surety Bond, Form HS-3.

(2) Applicants shall complete or submit additional information or documents for their application within thirty (30) days of any request by the Attorney General. The Attorney General may deny any application if an applicant fails to timely complete the application by not paying the application fee or not providing requested missing information or required documents.

Section 2. Health Spa Renewal Application. (1) Health Spa Registrations are valid for a one (1) year period from July 1 to June 30th of the following year.

(2) On or before June 1st of a current registration year, a registered health spa may renew its registration by completing and submitting a Health Spa Registration Renewal Application, Form HS-2, to the Attorney General's office on or before June 1st of a current registration year, and submitting:

(a) Payment of the $50.00 registration renewal fee; and

(b) Unless exempted by KRS 367.906(4), a completed Health Spa Surety Bond, Form HS-3, when a prior filed bond is not current or the bond amount is insufficient.

(3) Applicants shall complete or submit additional information or documents for their renewal application within thirty (30) days of any request by the Attorney General. The Attorney General may deny any renewal application if an applicant fails to timely complete the application by not

paying the renewal application fee or provide requested missing information or required documents.

Section 3. Written notification of material changes. (1) A registered health spa shall notify the Attorney General, in writing, within fourteen (14) days of any material change to information provided in the registrant's original application, any renewal application, or application attachments.

Section 4. Record Requests. A health spa shall make requested records, documents and information readily available to the Attorney General for inspection and copying upon request.

Section 5. Incorporation by Reference. (1) The following materials are incorporated by reference:

(a) "Health Spa Registration Application", Form HS-1, Nov. 2025;

(b) "Health Spa Registration Renewal Application", Form HS-2, Nov. 2025;

(c) "Health Spa Surety Bond", Form HS-3, Nov. 2025;

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at Office of the Attorney General Capital Complex East, 1024 Capital Center Drive, Suite 200, Frankfort, Kentucky 40601, Monday through Friday, between the hours of 8:00 a.m. and 4:30 p.m. This material is also available on the Attorney General's website, https://ag.ky.gov/Pages/default.aspx.

READ AND APPROVED

Stephen B. Humphress, Executive Director
Kentucky Office of Regulatory Relief
Office of Attorney General

November 13, 2025
Date

Russell Coleman, Attorney General
Department of Law

November 13, 2025
Date

PUBLIC HEARING AND PUBLIC COMMENT PERIOD: A public hearing on this proposed administrative regulation shall be held on January 27, 2026, at 10:30 a.m. Eastern Time at the Kentucky Office of Attorney General, Office of Consumer Protection, 1024 Capital Center Drive, Room A, Frankfort, KY 40601. Individuals interested in being heard at this hearing shall notify this Office in writing at least five (5) working days prior to the hearing of their intent to attend. If no notification of intent to attend the hearing is received by that date, the hearing may be canceled. This hearing is open to the public. Any person who wishes to be heard will be given an opportunity to comment on the proposed administrative regulation. A transcript of the public hearing will not be made unless a written request for a transcript is made. If you do not wish to be heard at the public hearing, you may submit written comments on the proposed administrative regulation. Written comments shall be accepted through 11:59 p.m. on January 31, 2025. Send written notification of intent to be heard at the public hearing or written comments on the proposed administrative regulation to the contact person.

CONTACT PERSON: Stephen B. Humphress, Executive Director, Kentucky Office of Regulatory Relief, Kentucky Office of Attorney General, 1024 Capital Center Drive, Suite 200, Frankfort, Kentucky 40601, phone: 502-696-5408, fax: (502) 573-8317, email: steve.humphress@ky.gov.

REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

Administrative Regulation #: 40 KAR 12:440
Contact Person: Stephen B. Humphress
Phone Number: 502-696-5408
Email: steve.humphress@ky.gov

Subject Headings: Attorney General; Occupations and Professions; and Bonds

(1) Provide a brief summary of:

(a) What this administrative regulation does: This administrative regulation establishes a registration statement application form, a registration renewal application form and surety bond form to be used by health spas.

(b) The necessity of this administrative regulation: This regulation is necessary since it allows the Office of Attorney General, Kentucky Office of Regulatory Relief ("Attorney General") to perform its statutory mandates.

(c) How this administrative regulation conforms to the content of the authorizing statutes: KRS 15.180 directs the Attorney General to promulgate administrative regulations that will facilitate the performance of duties vested in the Attorney General and the Department of Law by law. KRS 367.150(4) requires the Department of Law to study the operation of all laws, rules, administrative regulations, orders, and state policies affecting consumers and to recommend administrative regulations in the consumers' interest. KRS 367.905 requires a health spa to file registration application statement and a renewal application statement to the Attorney General. KRS 367.906 requires the Attorney General to establish a surety bond form to be used by health spas.

(d) How this administrative regulation currently assists or will assist in the effective administration of the statutes: This administrative regulation establishes the registration application form, registration renewal form, and surety bond form to be used by health spas.

(2) If this is an amendment to an existing administrative regulation, provide a brief summary of:

(a) How the amendment will change this existing administrative regulation: Not Applicable

(b) The necessity of the amendment to this administrative regulation: Not Applicable

(c) How the amendment conforms to the content of the authorizing statutes: Not Applicable

(d) How the amendment will assist in the effective administration of the statutes: Not Applicable

(3) Does this administrative regulation or amendment implement legislation from the previous five years? No

(4) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation: This regulation amendment affects 184 registered health spas, approximately 15 new health spa applicants each year, and the Attorney General.

(5) Provide an analysis of how the entities identified in question (4) will be impacted by either the implementation of this administrative regulation, if new, or by the change, if it is an amendment, including:

(a) List the actions that each of the regulated entities identified in question (4) will have to take to comply with this administrative regulation or amendment: Registered and new health spas will be required to use the new forms incorporated into this regulation. The Attorney General will review the completed forms for compliance with law.

(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (4): Registered and new health spas will have no additional costs. They will be able to download the forms from the Attorney General's website at no cost. The Attorney General will have no additional costs.

(c) As a result of compliance, what benefits will accrue to the entities identified in question (4): The regulation and forms allow health spas to register and renew registrations easily and the Attorney General to process registrations and renewals without difficulty.

(6) Provide an estimate of how much it will cost the administrative body to implement this administrative regulation:

(a) Initially: There are no costs to implement this administrative regulation.

(b) On a continuing basis: There are no continuing costs to implement this administrative regulation.

(7) What is the source of the funding to be used for the implementation and enforcement of this administrative regulation: There are no additional costs associated with implementing this administrative regulation.

(8) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation, if new, or by the change, if it is an amendment: There is no anticipated fee increases or funding necessary for this administrative regulation.

(9) State whether or not this administrative regulation establishes any fees or directly or indirectly increased any fees: This administrative regulation does not directly or indirectly establish or increase any fees.

(10) TIERING: Is tiering applied? No.

FISCAL NOTE ON STATE OR LOCAL GOVERNMENT

Administrative Regulation #: 40 KAR 12:440
Contact Person: Stephen B. Humphress
Phone Number: 502-696-5408
Email: steve.humphress@ky.gov

(1) Identify each state statute, federal statute, or federal regulation that requires or authorizes the action taken by the administrative regulation. KRS 15.180, 367.150(4), 367.480, 367.484(5)

(2) State whether this administrative regulation is expressly authorized by an act of the General Assembly, and is so, identify the act: 1960 Ky. Acts ch. 68, Art. II, sec. 1, effective March 17, 1960; 1972 Ky. Acts ch. 4, sec. 4; and 1988 Ky. Acts ch. 367, sec. 1, effective July 15, 1988.

(3)(a) Identify the promulgating agency and any other affected state units, parts, or divisions: The Office of Attorney General, Kentucky Office of Regulatory Relief ("Attorney General") is the promulgating agency. The regulation does not affect any other state agencies.

(b) Estimate the following for each affected state unit, part, or division in (3)(a):

1. Expenditures:

For the first year: There are no expenditures to administer this administrative regulation for the first year.

For subsequent years: There will be no expenditures to administer the administrative regulation in subsequent years.

2. Revenues:

For the first year: The administrative regulation will generate no revenues to the Attorney General in the first year. Registration fees referenced in the regulation are established by statute.

For subsequent years: The administrative regulation will generate no revenues to the Attorney General in subsequent years. Registration fees referenced in the regulation are established by statute.

3. Cost Savings:

For the first year: In the first year, the Attorney General will have cost savings from efficient and quicker processing of applications which are difficult to estimate at this time but estimated to be de minimis.

For subsequent years: In subsequent years, the Attorney General will have cost savings from efficient and quicker processing of applications which are difficult to estimate at this time but estimated to be de minimis.

(4)(a) Identify affected local entities (for example: cities, counties, fire departments, school districts): The administrative regulation will not affect any local entities.

(b) Estimate the following for each affected local entity identified in (4)(a):

1. Expenditures:

For the first year: This administrative regulation will not cause expenditures by local entities for the first year.

For subsequent years: This administrative regulation will not cause expenditures by local entities in subsequent years.

2. Revenues:

For the first year: Local entities will receive no revenues from this administrative regulation for the first year.

For subsequent years: Local entities will receive no revenues from this administrative regulation in subsequent years.

3. Cost Savings:

For the first year: Local entities will receive no cost savings from this administrative regulation for the first year.

For subsequent years: Local entities will receive no cost savings from this administrative regulation for subsequent years.

(5)(a) Identify any affected regulated entities not listed in (3)(a) or (4)(a): Health spas will be affected by this administrative regulation will be affected by this administrative regulation.

(b) Estimate the following for each regulated entity identified in (5)(a):

1. Expenditures:

For the first year: This administrative regulation will not cause health spas to have any additional expenditures for the first year.

For subsequent years: This administrative regulation will not cause health spas to have any additional expenditures for subsequent years.

2. Revenues:

For the first year: Health spas will not receive any revenues directly from this administrative regulation for the first year.

For subsequent years: Health spas will not receive any revenues directly from this administrative regulation for subsequent years.

3. Cost Savings:

For the first year: For the first year, health spas will receive cost savings from quicker processing of applications. These cost savings are difficult to estimate at this time but estimated to be de minimis.

For subsequent years: For subsequent years, health spas will receive cost savings from quicker processing of applications. These cost savings are difficult to estimate at this time but estimated to be de minimis.

(6) Provide a narrative to explain the following for each entity identified in (3)(a), (4)(a), and (5)(a):

(a) Fiscal impact of this administrative regulation: This administrative regulation will have no fiscal impact. The new regulation merely creates a registration application form, renewal application form, and surety bond form for use by health spas. The regulation does not affect any other governmental agencies or local governments. The regulation does not establish any fees. For these reasons, the regulation is not expected to have any significant fiscal impact.

(b) Methodology and resources used to reach this conclusion: The Attorney General used a quantitative methodology analysis based on history of administrative agencies which license or register businesses in a specific subject area and the resulting facts from this regulation. The Attorney General used staff resources in determining the fiscal impact.

(7) Explain, as it relates to the entities identified in (3)(a), (4)(a), and (5)(a):

(a) Whether this administrative regulation will have a "major economic impact", as defined by KRS 13A.010(13): There is not an expected "major economic impact" from this regulation for the Attorney General, any local entities, or affected regulated entities.

(b) The methodology and resources used to reach this conclusion: The Attorney General used a quantitative methodology analysis based on history of administrative agencies which license or register businesses in a specific subject area and resulting facts from this regulation. The Attorney General used staff resources in reaching the conclusion that no overall negative or adverse major economic impact results from this administrative regulation.

SUMMARY OF MATERIAL INCORPORATED BY REFERENCE

Administrative Regulation #: 40 KAR 12:440
Contact Person: Stephen B. Humphress
Phone Number: 502-696-5481
Email: steve.humphress@ky.gov

1. "Health Spa Registration Application", Form HS-1, Nov. 2025. This form is used by health spas to register with the Attorney General as required by KRS 367.905. The form consists of three (3) pages.

2. "Health Spa Registration Renewal Application", Form HS-2, Nov. 2025. The form is used by health spas to renew registrations with the Attorney General as required by KRS 367.905. The form consists of two (2) pages.

3. "Health Spa Surety Bond", Form HS-3, Nov. 2025. The form must be used by health spas when required to file a bond pursuant to KRS 367.906. The form consists of two (2) pages.

LEGISLATIVE RESEARCH COMMISSION
State Capitol 700 Capital Avenue Frankfort Kentucky 40601
502-564-8100
Capitol Fax 502-564-2922
Annex Fax 502-564-6543
legislature.ky.gov

Jay D. Hartz
Director

MEMORANDUM

TO: Steve B. Humphress, Executive Director, Office of Regulatory Relief, Office of the Attorney General

FROM: Emily Caudill, Regulations Compiler

RE: Proposed Amendments or New Regulations – 040 KAR 012:440

DATE: November 13, 2025

A copy of the administrative regulation listed above is enclosed for your files. This regulation is **tentatively** scheduled for review by the Administrative Regulation Review Subcommittee at its **FEBRUARY 2026** meeting. We will notify you of the date and time of this meeting once it has been scheduled.

Pursuant to KRS 13A.280, ***if*** comments are received during the public comment period, a Statement of Consideration or a one-month extension request for this regulation is due **by noon on February 13, 2026**. Please reference KRS 13A.270 and 13A.280 for other requirements relating to the public hearing and public comment period and Statements of Consideration.

If you have questions, please contact us at RegsCompiler@LRC.ky.gov or (502) 564-8100.

Enclosures

HS-1
(Nov. 2025)

Date received: _____
Fee paid: _____
Date reviewed: _____
Reviewed by: _____

For Official Use Only

COMMONWEALTH OF KENTUCKY
OFFICE OF ATTORNEY GENERAL
Kentucky Office of Regulatory Relief
1024 Capital Center Drive, Suite 200
Frankfort, KY 40601
https://ag.ky.gov

HEALTH SPA
REGISTRATION APPLICATION (HS-1)

SECTION A – APPLICANT INFORMATION

Complete the following and attach requested documentation:

Legal name of applicant health spa: _____

Doing business as (DBA) name(s)*(if any)*: _____

Business mailing street address: _____

City: _____ State: _____ Zip code: _____

Contact person name: _____

Contact person phone: _____ Contact person email: _____

Please provide the following information regarding the applicant (check one):

☐ Corporation ☐ Limited Liability Company ☐ Partnership
☐ Individual ☐ Other - please explain: _____

State of incorporation, organization, formation, or existence: _____

Please attach a copy of the applicant's certificate of existence, or authorization certificate, from the Kentucky Secretary of State's Office, or provide other evidence of the applicant's authority to transact business in the Kentucky. Instructions for obtaining certificates can be found at: https://www.sos.ky.gov/bus/businessrecords/Pages/default.aspx.

SECTION B – OWNERS, OFFICERS AND AGENTS OF APPLICANT

Complete the following for the business officer(s); director(s); persons with a 10% controlling interest in the business (proprietor, partner(s), owner(s), partner(s), member(s), shareholder(s)). If an artificial entity(s) holds ownership, please complete for individual(s) whose ownership in a parent or holding entity(s) equates to a 10% ownership of the applicant. *Attach additional pages if needed.*

Name: _____ Title: _____
Address: _____

Name: _____ Title: _____
Address: _____

Name: _____ Title: _____
Address: _____

Name: _____ Title: _____
Address: _____

Name: _____ Title: _____
Address: _____

SECTION C – HEALTH SPA FACILITY INFORMATION

Complete the following. *Attach additional pages if needed*.

Street address of facility being registered: _____

City: _____ State: _____ Zip code: _____

Square footage of the health spa building:_____ Shower areas provided: ☐ Yes. ☐ No.

The type of equipment and facilities available: _____

_____

List employees' names and addresses and their respective qualifications for employment in the health spa field: _____

_____

_____

Identify the types of membership plans to be offered and corresponding member costs: _____

_____

(Attach copies of all membership contract(s) and all plans)

Is the applicant or any person(s) listed in Sections B currently involved, or been involved within the last three (3) years, in litigation? ☐ Yes. ☐ No. If "Yes" please explain: _____

_____

SECTION D – BOND EXEMPTION/BOND AMOUNT

Complete the following.

1. Will the applicant charge an initiation fee, or similar nonrecurring fee, to members, at or near the beginning of members' contract terms or renewal periods? ☐ Yes. ☐ No.
2. Will the applicant charge members for use of facilities/services more than thirty-one (31) days in advance of payment? ☐ Yes. ☐ No

If the applicant answered "No" to both questions above, applicant does not need a submit a surety bond. If applicant answered "Yes" to either question, applicant must complete and submit a Health Spa Surety Bond, Form HS-3 and answer question No. 3 below:

3. How many pre-paid members does applicant have *(or "anticipate" for new health*

SECTION E – SIGNATURE OF APPLICANT

By submitting this application, the undersigned representative for the applicant, does hereby swear or affirm under penalty of perjury, the following:

(1) The undersigned is authorized to complete this form on behalf of the applicant.
(2) The information and any attachments provided in and with this application are true and correct.
(3) The applicant agrees to immediately notify the Attorney General of any material change in any information or attachments provided in or with this application.
(4) The applicant agrees to provide records and documents to the Attorney General within a reasonable time after requested.
(5) The applicant understands that its registration application may be denied and a registration suspended or revoked by the Attorney General.

_____ _____

(Signature of Applicant Representative) *(Date Signed)*

_____ _____

(Printed Name) *(Title)*

INSTRUCTIONS

1. *This application form MUST be completed and filed with the Attorney General with payment of one hundred dollars ($100.00) by personal, business, certified or cashier's check or money order. All payments must be in full and made payable to "Kentucky State Treasurer." Send the completed signed form, payment, and attachments to:*

   Kentucky Office of Attorney General
   Kentucky Office of Regulatory Relief
   1024 Capital Center Drive, Suite 200
   Frankfort, KY 40601

2. *The following attachments **MUST** be included with this application:*

   (a) $100.00 Registration Fee
   (b) Applicant's certificate of existence, or authorization certificate, from the Kentucky Secretary of State's Office
   (c) Copies of all applicant's membership contract(s) and plans

3. *If the applicant answered "Yes" to any question in Section D, the applicant must complete and attach a Health Spa Surety Bond, Form HS-3.*

4. *The applicant must immediately notify the Attorney General, in writing, if there is any change to the information contained in this application, or attachments, after the application is filed.*

5. ***REMINDER:** A registration is valid for one year. If registration is accepted, the applicant must renew its registration on or before June 1 of the following year.*

HS-3
(Nov. 2025)

Bond Number: _____

COMMONWEALTH OF KENTUCKY
OFFICE OF ATTORNEY GENERAL
Kentucky Office of Regulatory Review
1024 Capital Center Drive, Suite 200
Frankfort, KY 40601
https://ag.ky.gov

HEALTH SPA
SURETY BOND (HS-3)

SECTION A – HEALTH SPA (PRINCIPAL) INFORMATION

Name of health spa (Principal): _____

Doing business as (DBA) name(s): _____

Business mailing street address: _____

City: _____ State: _____ Zip code: _____

Street address of bonded facility: _____

City: _____ State: _____ Zip code: _____

Contact person name: _____

Contact person phone: _____ Contact person email: _____

SECTION B – SURETY BOND

KNOW ALL PERSONS BY THIS DOCUMENT, that the above-identified health spa, _____, AS PRINCIPAL, and _____, a legal entity organized and existing under the laws of the State of _____, and authorized to transact surety insurance business in the Commonwealth of Kentucky under KRS Chapter 304, AS SURETY, are held and firmly bound unto the Commonwealth of Kentucky Attorney General for the benefit of any person(s) suffering injury and loss by reason of any violation of KRS 367.900 to KRS 367.930 or related administrative regulation, AS OBLIGEE, in the full penal sum of _____ Dollars ($_____,000.00), lawful money of the United States of America, for the payment of which we hereby bind ourselves, jointly and severally, our heirs, executors, administrators, successors, and assigns firmly by these presents.

WHEREAS, the above-named Principal intends to sell buying clubs or vacation clubs in the Commonwealth of Kentucky or to residents of the state, and is required to furnish and file a surety bond in accordance with the provisions of KRS 367.906 unless exempted.

NOW, THEREFORE, the condition of this obligation is such, that if the Principal shall faithfully and honestly fulfill all its obligations to the Obligee in accordance with the provisions of KRS 367.900 to KRS 367.930 or related administrative regulation, and no person(s) suffer loss from the Principal's buying club or vacation club sales activities in the Commonwealth, then this obligation shall be released; otherwise, to remain in full force and effect.

This Bond becomes EFFECTIVE this the _____ day of _____, 20_____.

The Surety may cancel this bond at any time by filing thirty (30) days' written notice of its intent to cancel or terminate this bond with the Attorney General. The Surety shall not be discharged from any liability already accrued under this bond, or which shall accrue before expiration of the thirty (30) day period.

(continued on next page)

SECTION B – SURETY BOND *(continued)*

This BOND shall not become void upon the first recovery thereon but may be sued upon from time to time until the full amount thereof shall have been exhausted.

By submitting this completed Surety Bond form, the undersigned hereby swears and affirms, under penalty of perjury, that the undersigned has authority to execute and sign this Surety Bond on behalf of the Principal health spa identified in Section A; and, that the Principal agrees to be bound by the terms of this Bond.

_____ _____
(Signature of Health Spa Representative) *(Date Signed)*

_____ _____
(Printed Name) *(Title)*

The undersigned hereby swears and affirms, under penalty of perjury, that the undersigned has authority to execute and sign this Surety Bond on behalf of the Surety, and that the Surety will be bound by the terms of this Bond.

_____ _____
(Signature of Surety Representative) *(Date Signed)*

_____ _____
(Printed Name) *(Title)*

INSTRUCTIONS

1. A health spa MUST complete and submit this Surety Bond, Form HS-3, with a new application or renewal application unless:

(a) The health spa charges no initiation fee, or similar nonrecurring fee, at or near the beginning of the contract term or renewal period; AND

(b) At no time is any member charged for use of facilities or services more than thirty-one (31) days in advance

2. The amount of any required surety bond shall be computed as follows:

Number of prepaid/unexpired member contracts	*Bond amount*
150 or fewer	*$10,000.00*
151 to 300	*$25,000.00*
301 or more	*$50,000.00*

HS-2
(Nov. 2025)

Date received: _____
Fee paid: _____
Date reviewed: _____
Reviewed by: _____

For Official Use Only

COMMONWEALTH OF KENTUCKY
OFFICE OF ATTORNEY GENERAL
Kentucky Office of Regulatory Relief
1024 Capital Center Drive, Suite 200
Frankfort, KY 40601
https://ag.ky.gov

HEALTH SPA REGISTRATION RENEWAL APPLICATION (HS-2)

SECTION A – APPLICANT INFORMATION

Complete the following and attach requested documentation:

Legal name of registrant health spa: _____

Doing business as (DBA) name(s) *(if any):* _____

Business mailing street address: _____

City: _____ State: _____ Zip Code: _____

Registered facility street address: _____ Registration no.: _____

City: _____ State: _____ Zip code: _____

Contact person name: _____

Contact person phone: _____ Contact person email: _____

SECTION B – MATERIAL CHANGES IN OWNERSHIP, OFFICERS AND AGENTS

Please complete the following information. *Attach additional pages if needed.*

Has there been any changes to business officer(s); director(s); persons with a 10% or more controlling interest in the business (proprietor(s), partner(s), owner(s), member(s), shareholder(s)) provided in Section B of the original registration application or Section B of the last renewal application, if any? ☐ No. ☐ Yes. If "Yes", identify the change(s) regarding prior person(s) and any new person(s), that person's title/relationship, and current address:

_____
_____
_____
_____

SECTION C – MATERIAL CHANGES IN HEALTH SPA FACILITY INFORMATION

Please complete the following information. *Attach additional pages if needed.*

Has there been any material changes regarding the health spa facility information provided in Section C of the original registration application or Section C of the last renewal application, if any? ☐ No. ☐ Yes. If "Yes", describe the material change(s): _____

_____
_____
_____

SECTION D – MATERIAL CHANGES AFFECTING BOND EXEMPTION

Complete the following:

1. Does the registrant charge an initiation fee, or similar nonrecurring fee, to members, at or near the beginning of members' contract terms or renewal periods? ☐ Yes. ☐ No.

2. Does the registrant charge members for use of facilities/services more than thirty-one (31) days in advance of payment? ☐ Yes. ☐ No.

If the applicant answered "Yes" to either question, how many unexpired contracts does the registrant have with members:

_____

If the applicant answered "No" to both questions, applicant does not need to file a surety bond.

SECTION E – SIGNATURE OF REGISTRANT

By submitting this application, the undersigned representative for the registrant, does hereby swear or affirm under penalty of perjury, the following:

(1) The undersigned is authorized to complete this form on behalf of the registrant.
(2) The information and any attachments provided in and with this application are true and correct.
(3) The registrant agrees to immediately notify the Attorney General about any material change in any information, or attachments, provided in or with this application.
(4) The registrant agrees to provide records and documents to the Attorney General within a reasonable time after requested.
(5) The registrant understands that its registration renewal application may be denied and a registration suspended or revoked by the Attorney General.

_____ _____
(Signature of Applicant Representative) *(Date Signed)*

_____ _____
(Printed Name) *(Title)*

INSTRUCTIONS

1. *This application form MUST be completed and filed with the Attorney General with payment of fifty dollars ($50.00) by business, certified or cashier's check, or money order. All payments must be in full and made payable to "Kentucky State Treasurer." Send the completed signed form, payment, and attachments to:*

   Kentucky Office of Attorney General
   Kentucky Office of Regulatory Relief
   1024 Capital Center Drive, Suite 200
   Frankfort, KY 40601

2. *The following attachments **MUST** be included with this application:*

   (a) $50.00 Annual Renewal Fee
   (b) Any new application contract(s) and plans

3. *If the applicant answered "Yes" to any question in Section D, the applicant must have a current Health Spa Surety Bond, Form HS-3, on file with the Attorney General for the correct bond amount.*