



ADAM H. PUTNAM
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Consumer Services

HEALTH STUDIO
REGISTRATION APPLICATION

Sections 501.012 – 501.019, Florida Statutes
Rule 5J-4.004, Florida Administrative Code
1-800-HELP-FLA (435-7352) • (850) 410-3800
www.FreshFromFlorida.com • (850) 410-3804 Fax

Make Check or Money Order
payable to FDACS and remit
with application to:

FDACS
Health Studio Program
P.O. Box 6700
Tallahassee, FL 32314-6700

All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S. PLEASE TYPE OR PRINT. Additional pages may be attached if additional space is needed. Annual Registration Fee: \$300, s. 501.015(2), F.S. for each health studio location. If an item is not applicable to your business please mark N/A.

Business Information [s. 501.015, F.S.]

Please Select one: New Business Change of Owner Renewal HS# _____

1. Name of Health Studio (include fictitious name or DBA if other than legal name):

* Fictitious (DBA) Name (if applicable):

*All fictitious names must be registered with the Florida Department of State, Division of Corporations. If business is a corporation then 'Name' is the legal name of the business as listed with the Division of Corporations.

2. Business Location Physical Address (include APT or SUITE #):

City: _____ State: _____ Zip Code: _____ - _____

Mailing Address (if different from above):

City: _____ State: _____ Zip Code: _____ - _____

3. Telephone Number: _____ Fax Number: _____
(_____) _____ - _____ (_____) _____ - _____

Email Address: _____ Website: _____

4. Legal Name of Owner (If a corporation or limited liability company, full name as registered with the Florida Department of State, Division of Corporations. Name of person if a sole proprietorship. Name of each general partner and name of partnership, if a partnership.)

Physical Address:
City: _____ State: _____ Zip Code: _____ - _____

F&A Use Only

Org Code: 42 10 06 25 000
EO: A2
Object Code: 001106 \$300.00

Telephone Number:
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Fax Number:
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Email Address:

Website:

5. Form of organization:

- Corporation LLC Partnership Sole Proprietorship Other (please describe below):

6. Federal Employer ID Number (FEIN):

_____ - _____

7. Provide the name and address of each direct or beneficial owner of the business. If a corporation, list the name and address for each corporate officer and director. *(attach additional pages as necessary using the same format)*

Name: _____	Name: _____
Title: _____	Title: _____
Address: _____	Address: _____
City, State, Zip Code: _____	City, State, Zip Code: _____
Telephone Number: () -	Telephone Number: () -

Name: _____	Name: _____
Title: _____	Title: _____
Address: _____	Address: _____
City, State, Zip Code: _____	City, State, Zip Code: _____
Telephone Number: () -	Telephone Number: () -

8. Type of Security Provided *(if applicable, please check one and select location of security):*

- | | | |
|-----------------------------------------------------------------|--------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> \$25,000 Surety Bond: | <input type="checkbox"/> original enclosed | <input type="checkbox"/> on file with the department |
| <input type="checkbox"/> \$25,000 Irrevocable Letter of Credit: | <input type="checkbox"/> original enclosed | <input type="checkbox"/> on file with the department |
| <input type="checkbox"/> \$25,000 Certificate of Deposit: | <input type="checkbox"/> original enclosed | <input type="checkbox"/> on file with the department |

OR

Security provision **NOT APPLICABLE**. This health studio is not subject to the security requirement of s. 501.016, F.S., for the reason(s) checked below (please attach documents which support your claim):

- This health studio:
 - has operated in compliance with ss. 501.012 - 501.019, F.S., and the rules adopted thereunder, under the same ownership and control, continuously for the most recent 5-year period;
 - has not had any civil, criminal, or administrative adjudication against it by any state or federal agency; AND
 - has a satisfactory consumer complaint history as defined in s. 501.016(8), F.S.
- This health studio is not engaged in the sale of future services and operates and will continue to operate on a daily cash basis or will collect money only after services are rendered. [s. 501.016, F.S.]
- This health studio offers or sells only a single contract for 30 days or less, without any option or other condition which establishes any right or obligation of a member beyond the 30-day period. (Please attach a copy of each membership contract). [s. 501.016, F.S.]
- This health studio offers or sells contracts with payments collected directly by the studio on a monthly basis, and any service fee charged is reasonable and fair, as defined in s. 501.0125, F.S. The number of monthly payments in the contract must be equal to the number of months in the contract, and the contract must specify in the terms of the contract the charges to be assessed for health studio services. (Please attach a copy of each membership contract). [s. 501.016, F.S.]

NOTE: In the event the business is not yet in operation and is conducting pre-opening sales, you must provide the department with a copy of the escrow account, if established, which would contain all funds received for future consumer services sold prior to full operation of the health studio location and specify a date certain for opening, pursuant to s. 501.016(7), F.S.

You should understand that operating a health studio in a manner inconsistent with the provisions of ss. 501.012 - .019, F.S., or the statements contained in this document will subject the health studio to administrative action by the department, including denial of registration and/or administrative fines. Failure to notify the department of changes to the statements contained in this application is no defense to administrative action pursued by the department.

Should the information submitted on this application change, you should notify the Department of Agriculture and Consumer Services of such changes within ten (10) days.

Preparer Information

Prepared By (please print name):

Title of Preparer:

Telephone Number of Preparer:

(_____) _____ - _____

Application Certification

I certify that this applicant is aware of and complies with all of the requirements of ss. 501.012 - 501.019, F.S., and I am empowered to execute this application on behalf of the above named entity or individual.

Print Name of Applicant

Title

Signature of Applicant

_____/_____/_____
Month Day Year

Phone Number (required)

NOTE: The department should be notified by certified mail at least 30 days in advance of a change in the majority ownership, location move, or business closure. [s. 501.018(2), F.S.]

**HEALTH STUDIO
SURETY BOND**

Sections 501.012 – 501.019, Florida Statutes
Rule 5J-4.004, Florida Administrative Code

1-800-HELP-FLA (435-7352) • (850) 410-3800
www.FreshFromFlorida.com • (850) 410-3804 Fax

Return completed application to:

FDACS
Health Studio Program
2005 Apalachee Parkway
Tallahassee, FL 32399-6500

Surety Bond Number:

Date of Surety Bond:

KNOWN ALL BY THIS PRESENT INSTRUMENT that we,

Principal (Applicant/Registrant)

Name (Legal name as registered with the Florida Department of State, Division of Corporations (if applicable) followed by fictitious/dba name):

Physical Street Address of Health Studio:

City:

State:

Zip Code:

Mailing Address (if different from above):

City:

State:

Zip Code:

Telephone Number:

Fax Number:

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Email Address:

AND

Surety

Name (Full legal name of Surety):

Street Address:

City:

State:

Zip Code:

Mailing Address (if different from above):

City:

State:

Zip Code:

Telephone Number:

Fax Number:

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which Surety is authorized to do business and issue surety bonds in the state of Florida, are held firmly bound unto the State of Florida, Department of Agriculture and Consumer Services, ("Obligee"), the sum of \$25,000 for the use and benefit of any consumer who is injured as a result of any violation of ss. 501.012 – 501.019, Florida Statutes. NOW, THEREFORE, the condition of this obligation is such that if the Principal shall perform or cause to be performed the contracted services for which the Principal may be held liable by reason of the Principal's failure to perform, fulfill, or carry out any contract, agreement, or arrangement governed by provisions of ss. 501.012 – 501.019, F.S., then this obligation shall be void. Otherwise this obligation shall remain in force and effect in law subject, however, to the following limitations:

1. That the Obligee (state of Florida) shall notify the Surety of any default of the Principal hereunder, at the earliest possible time following the discovery of such default.
2. That the Surety shall promptly notify the Obligee in writing of any changes in either the Principal or amount of bond set forth above. However, failure of the Surety to provide such notice shall not affect the validity of this bond.
3. That if the Surety shall so elect, this bond may be canceled by giving 30 days written notice to the Obligee. Said notice shall contain the full name, city, and state where the Principal is located, and the health studio registration number assigned to the Principal by the Obligee. The Surety, however, will remain liable for any default occurring during the period up to the expiration of said 30 days notice and such 30 day period shall begin only upon receipt of said notice by the Obligee.
4. That in no event shall the Surety be liable for a greater amount than that shown above.

This bond is effective this _____ day of _____, 20_____, 12:01 A.M., standard time and shall continue in force until canceled.

In witness hereof, the Principal and Surety have executed this instrument through their respective undersigned representatives, who are fully authorized to execute this instrument, on the _____ day of _____, 20_____.

Principal

Witness

Signature

Witness

Title

Full Legal Name of Principal (Applicant)

Surety

Witness

Signature (Seal)

Witness

Title

Local Agent

Name of Local Agent

Address

Contact Person

Contact Telephone Number

NOTE: The Department shall not accept for filing a Health Studio Irrevocable Letter of Credit which is not printed on the official letterhead of the Issuer.

Health Studio Irrevocable Letter of Credit

Name (Legal name as registered with the Florida Department of State (if applicable) followed by fictitious/dba name):

Physical Street Address of Health Studio:

City: _____ **State:** _____ **Zip Code:** _____ - _____

Mailing Address (if different from above):

City: _____ **State:** _____ **Zip Code:** _____ - _____

Telephone Number: _____ **Fax Number:** _____
(_____) _____ - _____ (_____) _____ - _____

Email Address:

Letter of Credit Number: _____ **Date of Letter of Credit:** _____ / _____ / **20** _____ **Date of Expiration:** _____ / _____ / **20** _____

(Name and Address of Issuer) ("Issuer") does hereby establish this

Irrevocable Letter of Credit in the name of _____
(Name and complete address of registrant/licensee as registered with the Department)

("Principal"), in the aggregate amount of \$ _____ available by draft at sight, for the benefit of the Florida Department of Agriculture and Consumer Services ("Department"), pursuant to s. 501.016, F.S. Drafts made under this Irrevocable Letter of Credit shall be marked "Drawn under Irrevocable Letter of Credit Number _____," and must be accompanied by any one of the following:

- Written notice by the Department that the Principal failed to perform its obligation to provide services to a paid consumer;
- Written notice by the Department that the Principal failed to pay its liabilities after such liabilities were adjudicated between Principal and a customer, or the state of Florida, and a judgment of a court of competent jurisdiction was entered against the Principal, with copy of the final judgment being attached to the Department's written notice;
- Written notice by the Department that the Principal, after reasonable notice, failed to perform its obligations to any consumer under the terms of its contracts or as required by Florida law; or
- Notice by the Department that the Principal is insolvent, or is no longer in active operation, or is otherwise unable to meet its obligations to any customer, and that the Principal is not satisfying said obligations.

Partial draft by the Department is permitted and surrender of this Irrevocable Letter of Credit will not be required for endorsements in such event.

The Issuer guarantees all drafts made under and in compliance with this Irrevocable Letter of Credit will be honored when presented on or before _____ (Date of Expiration), or during any period of extension of this Irrevocable Letter of Credit.

This Irrevocable Letter of Credit shall be in effect, without amendment, until the date set forth in the previous paragraph. This Irrevocable Letter of Credit automatically shall be extended for additional one (1) year periods, each commencing upon expiration of the prior period, unless at least ninety (90) days prior to the expiration date the Issuer notifies the Department in writing that the Issuer elects not to extend this Irrevocable Letter of Credit.

This Irrevocable Letter of Credit is established for the Principal at the following registered/licensed business physical location:

Drafts under this Irrevocable Letter of Credit are limited only to claims or other obligations arising from the operations of the Principal at the specified registered/licensed business location.

This Irrevocable Letter of Credit is governed by the following:

- A. The laws of the state of Florida, as amended subsequent to the effective date of this Irrevocable Letter of Credit, including without limitation Chapter 675, F.S., all other statutes, all other acts of the Florida Legislature, and all administrative regulations applicable to this Irrevocable Letter of Credit, the Issuer, or the Principal;
- B. To the extent the following are not in conflict with Chapter 675, F.S., any other law of the state of Florida, or any administrative regulations applicable to this Irrevocable Letter of Credit, the Issuer, or the Principal, the provisions of (*the Issuer may designate only one of the following conventions to the exclusion of the terms of the alternate; failure to so designate excludes all terms of the following*):
 - _____ International Standby Practices ISP 98 Publication 590
 - _____ Uniform Customs and Practice for Documentary Credits (2007 Rev.), ICC Publication 600.

Venue for any administrative proceeding or judicial action arising from this Irrevocable Letter of Credit, including any action to enforce its terms against the Issuer, shall be in Leon County, Florida.

Authorized Signature and Title of Financial Institution Officer

Printed Name and Title of Authorized Officer

Authorization: Attached and incorporated into this Irrevocable Letter of Credit is a true copy of the written designation, delegation, or other official authorization from the Issuer to the above-named Officer to execute this Irrevocable Letter of Credit as a binding obligation of the Issuer. **The Department shall not accept any Irrevocable Letter of Credit which does not include the foregoing authorization as an attachment.**

NOTE: The Department shall not accept for filing a Health Studio Certificate of Deposit Assignment which is not printed on the official letterhead of the acknowledging depository.

Health Studio Certificate of Deposit Assignment Form

_____ (Legal Name of applicant for Health Studio License), Assignor, does hereby assign, transfer, and set over unto the Florida Department of Agriculture and Consumer Services, Assignee, all right, title, and interest to and in Certificate of Deposit Number _____ and issued by _____, (Name and address of Depository) Depository, in the amount of \$25,000.00, excluding interest payable thereon. This assignment is made as security pursuant to Sections 501.012-501.019, Florida Statutes, the Florida Health Studio Law, for (Legal Name and address of Health Studio - separate certificate of deposit or other security for each location). This assignment includes any substitution or renewals to the Certificate of Deposit described, and shall remain in effect until Assignee notifies Depository in writing of the cancellation of this assignment.

Assignee is authorized to draw against the above Certificate of Deposit pursuant to the Florida Health Studio Law, and Depository is directed to pay up to the Principal Sum to Assignee upon demand. Partial draft is permitted. Any payments made pursuant to this assignment shall constitute acquittance of Depository. Depository shall not pay any portion of the Principal Sum to Assignor without prior written cancellation of this assignment from the Assignee. This Certificate of Deposit may not be encumbered in any way, and any attempted encumbrance is void.

Signature of Assignor

Date

Depository Acknowledgement of Assignment

The Assignor's signature above compares correctly with our files. Principal Sum is \$_____, and the above assignment will be considered valid and honored until written cancellation is received from Assignee.

Depository Name:

Address:

City:

State:

Zip Code:

Telephone Number:

(_____) _____ - _____

Name of Authorized Depository Officer:

Title of Authorized Depository Officer:

Signature of Authorized Depository Officer

Date

**THE ESCROW AGREEMENT SHOULD BE SUBMITTED ON BANK LETTERHEAD.
(Required by health studio that receives funds for future services prior to its opening)**

Health Studio Escrow Agreement

This agreement, dated _____ day of _____, 20____, is made between _____ (Legal Name and Address of Health Studio) hereinafter called HEALTH STUDIO and _____ (Name and Address of Florida Bank or Trust Co.) hereinafter called AGENT:

W I T N E S S E T H

WHEREAS, HEALTH STUDIO is a "health studio" as defined by section 501.0125, Florida Statutes, and **WHEREAS, HEALTH STUDIO** is, or intends to become, a seller of health studio services, subject to the provisions of section 501.016(7), Florida Statutes, and an escrow account is required to be maintained by **HEALTH STUDIO**, and **WHEREAS, HEALTH STUDIO** desires to employ the services of **AGENT** as its escrow agent, and **WHEREAS, AGENT** agrees to provide such services, and **WHEREAS**, the purpose of the escrow account established hereby is to make refunds to consumers in the event that **HEALTH STUDIO** fails to complete its facility by _____.
(date of opening)

NOW, THEREFORE, in consideration of the mutual promises contained herein and other good and valuable consideration, the delivery and sufficiency of which is stipulated by both parties, the parties agree as follows:

1. The above recitals are correct and are hereby incorporated by reference and made a part hereof.
2. **HEALTH STUDIO** agrees to deposit with **AGENT** all funds received by **HEALTH STUDIO** for health studio services, whether by contract or otherwise, which are received by **HEALTH STUDIO** prior to completion of the facilities of **HEALTH STUDIO** and the commencement of full operations by **HEALTH STUDIO**. **HEALTH STUDIO** shall have full responsibility for depositing such funds with **AGENT** and **AGENT** shall not be in any way responsible to assure **HEALTH STUDIO** is depositing such funds with **AGENT** in compliance with applicable law or this Agreement.
3. **AGENT** agrees to establish and maintain all funds deposited by **HEALTH STUDIO** pursuant to this Agreement in account number _____, an escrow account separate and apart from all other of **HEALTH STUDIO'S** accounts, if any, with **AGENT**.
4. **HEALTH STUDIO** agrees that, concurrent with the deposit of funds with **AGENT** as provided herein, **HEALTH STUDIO** shall, at the time of each such deposit, provide **AGENT** with the name and address of each consumer, together with the sum received from each consumer who has purchased future services from **HEALTH STUDIO**. **AGENT** shall thereafter provide to each consumer a monthly statement of his or her funds in such account until such account is no longer required by law. **HEALTH STUDIO** shall pay **AGENT** the reasonable costs of preparing and providing such statements, including the cost of mailing or other service.
5. **AGENT** agrees to disburse escrowed funds, together with accrued interest, if any, on the completion of all or part of the **HEALTH STUDIO** facility's improvements, in the following manner:
 - i. One-third of the deposited funds shall be distributed to **HEALTH STUDIO** upon completion of one-half of the proposed improvement.
 - ii. Two-thirds of the deposited funds shall be distributed to **HEALTH STUDIO** upon completion of three-fourths of the proposed improvement.
 - iii. The balance of the funds including accrued interest, if any, shall be distributed to **HEALTH STUDIO** thirty (30) days following certification of occupancy denoting completion and full operation of the facility.
6. **AGENT** shall accept, as evidence of partial or total completion, the written certificate of a licensed architect, engineer or contractor that the improvements have been completed in accordance with the original and amended plans and specifications.
7. Notwithstanding anything to the contrary contained herein, if the facility of **HEALTH STUDIO** is not completed and in operation after one year from the date of establishment of the escrow account, **AGENT** shall thereupon distribute all remaining escrowed funds, together with any interest earned, to each consumer on whose behalf funds were

deposited, in the amount of such deposit, plus interest, if any. If part of the deposited funds have been distributed to **HEALTH STUDIO** because of partial completion in compliance with paragraph 5, above, distribution shall be made pro rata to each consumer based on the proportion of each consumer's deposit to the funds then remaining in the escrow account maintained by **AGENT**.

8. **HEALTH STUDIO** agrees to pay **AGENT** a fee for its services in accordance with the Letter Agreement attached and incorporated as Exhibit (1).
9. Copies of original plans and specifications for the **HEALTH STUDIO** improvement or construction are attached and incorporated as Exhibit (2). **HEALTH STUDIO** will promptly furnish **AGENT** with any amendment to such plans and specifications, which amendment will be incorporated into Exhibit (2).
10. **AGENT** is authorized to invest funds escrowed pursuant to this Agreement only in such a manner and in such instruments or obligations as will preserve all principal amounts deposited. **AGENT** shall be liable for any loss of principal funds deposited.
11. **AGENT** shall be under no duty to determine whether information furnished by **HEALTH STUDIO** concerning consumers (i.e. their name, address, amount paid, etc.) is correct, or whether deposits made with **AGENT** accurately reflect all funds received by **HEALTH STUDIO** for future health studio service contracts. The actions of **AGENT** expressly will be based only on information supplied to **AGENT** by **HEALTH STUDIO** and **AGENT** is not required to verify such information to determine the identity, address, or amount paid, by any consumer entitled to protection under sections 501.012 – 501.019, Florida Statutes, and the rules promulgated thereunder.
12. **HEALTH STUDIO** agrees to hold **AGENT** harmless and indemnify it against any and all liability, cost or expense, including, but not limited to, attorneys fees and court costs, arising from, pertaining to, resulting from or related to this Agreement.
13. This Agreement shall be binding upon the heirs, successors, and assigns of the parties hereto.
14. This Agreement may be enforced by an affected consumer or the Florida Department of Agriculture and Consumer Services, according to law.
15. In the event of a dispute between **HEALTH STUDIO** and **AGENT** or between a consumer and **HEALTH STUDIO** relative to the disbursement of funds, **AGENT** may withhold disbursement until directed to do otherwise by agreement of the parties to the dispute or by an order of a court of competent jurisdiction.

IN WITNESS WHEREOF, the parties have executed this Agreement the date and year first above written.

Corporate Seal _____ by _____
(Health Studio) *(include Title or Authority)*

Corporate Seal _____ by _____
(Agent) *(include Title or Authority)*

Witnesses:

by _____
(include Title or Authority)

Witnesses:

HEALTH STUDIO

AGENT
