ADAM H. PUTNAM COMMISSIONER

Florida Department of Agriculture and Consumer Services

Division of Consumer Services

HEALTH STUDIO AFFIDAVIT OF EXEMPTION

Sections 501.012 - 501.019, Florida Statutes Rule 5J-4.005, Florida Administrative Code

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

Section 501.013, Florida Statutes, allows certain businesses or activities to claim exemption from health studio regulation upon filing an affidavit with the Department of Agriculture and Consumer Services and establishing that certain qualifications have been met. If an exemption exists for your business and is listed, complete the Affidavit of Exemption and check the applicable exemption. Please note, you must provide documentation that establishes that the qualifications have been met.

Return completed form to:

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

Notary Public Name, Please Print

	on establishing that your business meets the ex mets the ex	emption, you will	receive verificat	tion of th	ne exem	pt status	of your bus	iness
STATE OF			COUNTY OF					
Pe	rsonally appeared before me, the undersigned	authority,	(name	e of perso	n making	statement)		
wh	ose title is	of			_			
••••	ose title is	·		(nam	e of busin	e of business)		
loc	ated at inin				,			
	(complete physical address)	(city,	state and zip code)			elephone nu de)	umber, includin	ıg area
ma	ailing(address if different from above)	(city,	state and zip code)					
wh	o, being duly sworn, says:							
Th	is business is not subject to regulation as a	health studio fo	or the following	reason	checke	d below	:	
	The business is a bona fide non-profit organization which has been granted tax-exempt status by the United States Internated Proceedings (IRS);							
	The business is a gymnastics school engaged instruction and training;	ymnastics school engaged only in instruction and training and in which exercise is only incidental to such ing;						
	The business is a golf, tennis or racquetball cludoes not apply if the facility offers the use of ph			activity o	offered b	y the clul	b. This exer	nptior
	The business is a program or facility offered arwhich utilizes no physical exercise equipment;	nd used only for t	the purpose of d	ance, a	erobic ex	cercise, c	or martial art	s, and
	A country club that has as its primary function the which a program of physical exercise is merely			creation	al ameni	ties to its	members, a	and fo
	A program or facility that is offered by an organ	ization for the exc	clusive use of its	employe	ees and	their fam	ily members	. .
				1		1		
	Signature of Affiant		Month		Day	_ /	Year	
Sw	orn to (or affirmed) and subscribed before me this	day of	, 20	_, by _				,
who is personally known to me or who has produced					as identification.			
			Notary Public Signature					