



## APPLICATION FOR ALABAMA HEALTH STUDIO REGISTRATION CONSUMER PROTECTION

501 Washington Avenue  
Post Office Box 300152  
Montgomery, Alabama 36130-0152

Telephone: (334) 242-7335  
Fax: (334) 242-2433  
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1. List the name, address, and telephone number of the business applying for registration:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
  2. List the name, address, and telephone number of all business locations where the applicant is providing or will provide health studio services (attach on additional pages if necessary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
  3. Identify the business structure of the applicant, e.g., corporation, partnership, sole proprietorship, L.L.C., or other business entity:  
\_\_\_\_\_
  
  4. Identify the State in which the applicant was formed and the date of formation:  
\_\_\_\_\_
  
  5. If the applicant formed outside of Alabama, identify the date on which the applicant first registered or qualified to do business in Alabama:  
\_\_\_\_\_
  
  6. Identify the date on which the applicant commenced business in Alabama:  
\_\_\_\_\_
  
  7. Identify the applicant's Internal Revenue Service Employer Identification Number (EIN):  
\_\_\_\_\_
  
  8. List the name, address, and telephone number of the resident agent for the applicant:  
\_\_\_\_\_  
\_\_\_\_\_
  
  9. If the applicant is a corporation, list:
    - a) The name, residential address, and telephone number of each member of the Board of Directors:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) The name, residential address, and telephone number of each officer:

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c) The name, residential address, and telephone number of each principal shareholder:

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10. Regardless of the business structure of the applicant, list the name, address, driver license number and the state where licensed for each sales representative:

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11. If the applicant is not a corporation, list the name, address and telephone number of each person or other entity having an ownership interest in the business:

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12. For each location listed in question 2, list the date the facility began or is scheduled to begin conducting business:

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13. **IMPORTANT:** Attach copies of each health studio services agreement or contract used or scheduled to be used at the locations listed in question 2. If no written contract is used, state so below.

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**CERTIFICATION**

I, \_\_\_\_\_,  
certify that the information on this document and in any attachments is true and correct. I further certify  
that I am authorized to submit this form on behalf of

\_\_\_\_\_.

I also understand that I am under a continuing obligation to notify the Office of the Attorney  
General of any change in the information provided.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
PHONE



STATE OF \_\_\_\_\_ )  
\_\_\_\_\_ COUNTY )

Before me, the undersigned authority, a Notary Public, in and for said State and County,  
personally appeared \_\_\_\_\_, who, after being first duly sworn before  
me, deposes on oath and says that he/she has read this instrument, has been advised of and understands  
its nature and effect, and that the facts contained therein are true and correct to the best of his/her  
knowledge and belief.

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

[Notary Seal]

NOTARY PUBLIC \_\_\_\_\_

My Commission Expires: \_\_\_\_\_