

The following **MUST** accompany your license application:

1). **License Fee:** A check or money order made payable to: **“Treasurer, State of Connecticut”**

License Fee Health Club:(\$250.00 License Fee/\$500.00 Guaranty Fund Fee) Total \$750.00

License Fee Martial Arts:(\$250.00 License Fee/\$100.00 Guaranty Fund Fee) Total \$350.00

All Licenses Expire September 30th and Must Be Renewed Yearly

2). **Two Health Club Contracts** which the applicant is currently using, or intends to use. Each contract submitted must include therein “Buyer’s Right to Cancel”, prices of all available memberships, and a list of equipment and services. **SUBMIT PROPOSED CONTRACTS ONLY.** Contracts must comply with Sec. 21a-217, 21a-218, 21a-219, 21a-220 and 21a-221.

After we have received your application, the Department of Consumer Protection will contact you to schedule an inspection. **If you have additional questions please contact the Trade Practices Division at (860) 713-6100**

Requirements needed for inspection:

- Equipment must be on premises
- Trade Name Certificate (if necessary) from the Town Clerk’s Office in the town where the club is located
- Certificate of Occupancy from the town where the club is located
- Completed Contracts
- Posting of the Buyer’s Right to Cancel, Prices & Terms

➔ YOU MAY NOT OPERATE OR SIGN ANY CONTRACTS WITH CONSUMERS UNTIL THE CLUB HAS BEEN INSPECTED AND APPROVED BY THE DEPARTMENT OF CONSUMER PROTECTION FOR A HEALTH CLUB LICENSE.

➔Return your completed application and fee to:
Department of Consumer Protection
License Services Division
165 Capitol Avenue
Hartford, CT 06106

FOR OFFICIAL USE ONLY			
INSPECTION DATE:	INSPECTED BY:	APPROVED BY:	APPROVAL DATE:
DATE OF OPENING:	FEE COLLECTED:	CHECK OR MONEY ORDER #:	BUSINESS NO LONGER ACTIVE
NEW LICENSE <input type="checkbox"/>	RENEWAL APPLICATION <input type="checkbox"/>	CURRENT LICENSE #	EXPIRATION DATE: 9 / 3 0 / _ _ _ _