



# STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS



## PHYSICAL FITNESS RENEWAL APPLICATION

**Mailing Address**

P.O. Box 5757  
Columbia, SC 29250-5757

S.C. Code Ann. §§ 44-79-10 *et seq.* & Reg. 28-100  
(803) 734-4291 | [www.consumer.sc.gov](http://www.consumer.sc.gov) | (803) 734-4200

**Street Address**

293 Greystone Blvd., Ste. 400  
Columbia, SC 29210-8004

**Application can be filed online. Visit [www.consumer.sc.gov](http://www.consumer.sc.gov) and click on "online filing."**

**IMPORTANT:** Print legibly or type information requested on this form in its entirety. Illegible or faxed applications will not be accepted. Incomplete information could result in delay or denial of your application. When completing the application, attach additional pages as necessary.

**\*Application is not complete without the filing fees. Make checks payable to S.C. Department of Consumer Affairs.\***

### GENERAL INFORMATION

Business Name  
(Headquarters/Main) \_\_\_\_\_

DBA \_\_\_\_\_

**Attach a list of all branch locations and include the following information for each branch: location/DBA name; physical address (and mailing address if different); contact person.**

Type of Business (check one and provide FTIN or SSN in box to right)	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	} Fed Tax ID No. (last 4) _____
	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Limited Liability Partnership	
Are you in good standing with the Secretary of State's Office?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Sole Proprietorship	} SSN (last 4) _____

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address  
(If different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Website Address \_\_\_\_\_

Designated/Registered  
Agent\* \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*\*The designated/registered agent is the person designated to receive any legal documents served on your business.*

Contact Person\*\* \_\_\_\_\_ Telephone No. ( ) - \_\_\_\_\_

E-mail Address \_\_\_\_\_ Fax No. ( ) - \_\_\_\_\_

*\*\*The contact person is the person the Department will call with any questions about the application.*

**List the names of all owners, partners, members, and directors of the applicant.** (Attach additional pages as necessary.)

NAME	TITLE	DATE OF BIRTH (if sole proprietor or partnership)

**QUESTIONS**

1. Do you use prepaid or credit contracts that run for more than three months?  Yes  No
2. Do you use prepaid or credit contracts having a total cost of more than two hundred dollars (\$200)?  Yes  No
3. If you are a personal trainer, do you use prepaid or credit contracts having a total cost of more than three hundred dollars (\$300)?  Yes  No
4. If you answered "Yes" to Question 1, 2, or 3 above, will your gross business receipts exceed \$150,000 this calendar year? (Gross volume is the amount reported to the IRS.)  Yes  No
5. Do you assign, discount or sell contracts to third parties?  Yes  No
6. Enter the number of members that are currently enrolled at the location(s) listed above. \_\_\_\_\_
7. How many physical fitness services locations do you have in this State? (All locations must be listed in this application.) \_\_\_\_\_
8. Did you answer "Yes" to Question 2, Question 3, or Question 4?  Yes  No  
*If "Yes," you are required by law to demonstrate financial responsibility.  
 If "No," proceed to Line 12.*
9. Which method of demonstrating financial responsibility do you use?  
 Surety Bond  Letter of Credit
10. Check next to the category below which describes your center and required amount of assurance (either surety bond or letter of credit).

<b>Financial Responsibility Assurance Amounts</b>		
<u>Number of Members</u>	<u>Assurance Amount</u>	<u>Check One</u>
1,500 or More Members	\$50,000	<input type="checkbox"/>
1,000 to 1,499 Members	\$40,000	<input type="checkbox"/>
500 to 999 Members	\$30,000	<input type="checkbox"/>
100 to 499 Members	\$20,000	<input type="checkbox"/>
1 to 99 Members	\$10,000	<input type="checkbox"/>

11. Has the number of centers or number of members increased since your last application to require a new or revised amount of financial responsibility? (See chart in Question 10.)  Yes  No  
*If "Yes," submit updated evidence of financial responsibility with this application.*
12. Multiply the number which appears on Line 7 by \$50.00. This is the filing fee you owe:  
*Make checks payable to SC Department of Consumer Affairs.* \_\_\_\_\_
13. Has the applicant or any of its affiliates ever been refused a license to engage in any business or had any license suspended or revoked by any state or federal agency?  Yes  No  
*If "Yes," attach complete details of the refusal, suspension, or revocation.*

14. Has any state or federal agency ever initiated an administrative or regulatory proceeding or action or entered an order against the applicant or any of its affiliates?  Yes  No  
*If "Yes," attach complete details of the event.*
15. Have you previously submitted an annual report for this calendar year?  Yes  No  
*If "No," submit the annual report form and late annual report fee of \$50.*

**OTHER ATTACHMENTS:** Please use the checklist below to verify your application is complete. Incomplete information could result in delay or denial of your application.

- \$50 Renewal Fee per location (amount calculated in Question 12)
- Copy of most recent membership agreement (if any)
- Copy of contracts to be used (if any)
- Bond continuation certificate (if a bond is required and has been submitted) or an updated letter of credit
- Annual Report (if not previously submitted for this calendar year)
- \$50 late annual report filing fee (if annual report was not previously submitted for the calendar year)
- Copy of your membership rates/price sheet for all physical fitness services offered

The undersigned warrants that his or her signature is duly authorized and delivered by and for the business for which s/he signs. The undersigned swears or affirms and certifies that all information contained in this form and any attachments to this form is true, accurate, and complete.

Signature \_\_\_\_\_ Title \_\_\_\_\_  
 Print Name \_\_\_\_\_ Date \_\_\_\_\_

**The South Carolina Freedom of Information Act may require the Department to release a copy of your filing as a public record. Personal identifying information will be released only if required by law.**