

VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

OFFICE OF CHARITABLE AND REGULATORY PROGRAMS

PO Box 526 • Richmond, VA 23218-0526

(804) 786-1343, Option 4 • [www.vdacs.virginia.gov](http://www.vdacs.virginia.gov) • [ocrpregulatory@vdacs.virginia.gov](mailto:ocrpregulatory@vdacs.virginia.gov)

OCR-32 Revised 04/2020

REMITTANCE FORM  
HEALTH CLUB

Annual Registration Fee \_\_\_\_\_ (930-02188)

Late Fees\* \_\_\_\_\_ (930-02180)

Total Fees Submitted \_\_\_\_\_

Check Number \_\_\_\_\_

*Make check payable to the Treasurer of Virginia*

Health Club Facility Name and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ANNUAL REGISTRATION FEE SCHEDULE

NUMBER OF UNEXPIRED CONTRACTS**	REGISTRATION FEE
0 to 250	\$200
251 to 500	\$300
501 to 2000	\$700
2001 or more	\$800

\*\*The number of applicable unexpired contracts shall be separately calculated for each health club location.

**PLEASE NOTE: All health club registrations must include the completed registration application, a copy of the current membership contract and copy of the current membership price list that includes all initiation fees charged, even if there have been no changes since the last renewal submission.**

**\*LATE FILING FEES**

**Late Fees for Initial Filing:** Health clubs must be registered with OCRP prior to selling contracts. Clubs shall pay a late filing fee of \$100 for each 30-day period the initial registration filing is late. The fees shall be in addition to all other penalties allowed by law.

**Renewal registration** applications are due on or before July 1st of each year. Registration applications that are not **POSTMARKED on or before** July 1st shall include a late registration fee in addition to the annual registration fee. See Page 2 of this form for late fee calculations.

## LATE FEE CALCULATIONS

<b>REGISTRATION SUBMITTED (POSTMARKED)</b>	<b>LATE FEE DUE (IN ADDITION TO REGISTRATION FEE)</b>
JULY 2 <sup>ND</sup> – JULY 31	\$50
AUGUST 1 <sup>ST</sup> – AUGUST 31 <sup>ST</sup>	\$75
SEPTEMBER 1 <sup>ST</sup> – SEPTEMBER 30 <sup>TH</sup>	\$100
OCTOBER 1 <sup>ST</sup> – OCTOBER 31 <sup>ST</sup>	\$125
NOVEMBER 1 <sup>ST</sup> – NOVEMBER 30 <sup>TH</sup>	\$150
DECEMBER 1 <sup>ST</sup> – DECEMBER 31 <sup>ST</sup>	\$175
JANUARY 1 <sup>ST</sup> – JANUARY 31 <sup>ST</sup>	\$200
FEBRUARY 1 <sup>ST</sup> – FEBRUARY 28 <sup>TH</sup>	\$225
MARCH 1 <sup>ST</sup> – MARCH 31 <sup>ST</sup>	\$250
APRIL 1 <sup>ST</sup> – APRIL 30 <sup>TH</sup>	\$275
MAY 1 <sup>ST</sup> – MAY 31 <sup>ST</sup>	\$300
JUNE 1 <sup>ST</sup> – JUNE 30 <sup>TH</sup>	\$325

### VIRGINIA PRIVACY ACT DISCLOSURE

All information disclosed may be used for law enforcement purposes, including civil enforcement of the Virginia Consumer Protection Act of 1977 and the Virginia Health Club Act. Pursuant to the Virginia Freedom of Information Act, all information disclosed will be available for inspection by the public.

### IMPORTANT

- **Effective July 1, 2020**, pursuant to **§59.1-296.2:2** of the VHCA, ALL health clubs must have a **working** automated external defibrillator. Per the definition, an automated external defibrillator means a device that combines a heart monitor and defibrillator and (i) has been approved by the US Food and Drug Administration; (ii) is capable of recognizing the presence or absence of ventricular fibrillation or rapid ventricular tachycardia; (iii) is capable of determining, without intervention by an operator, whether defibrillation should be performed; and (iv) automatically charges and requests delivery of an electrical impulse to an individual's heart upon determining that defibrillation should be performed.
- Use the following link: <https://www.fda.gov/medical-devices/cardiovascular-devices/automated-external-defibrillators-aeds#approved> to verify your AED is FDA approved.
- Your bond or letter of credit must be maintained at the level required in the surety schedule contained within the Act. Failure to maintain the proper surety level will result in late fees as provided by §59.1-296.1, Code of Virginia, as amended.
- You must amend this registration within 21 days if there is a change to the information contained in this registration statement.
- All changes in ownership must be reported to this office **10 days prior to the effective date of change**.
- If 50% or more of the ownership changes, the facility must register as a new facility at the time of the change in ownership. Failure to re-register as a new facility will result in late fees of \$100 for each thirty-day period or any part thereof following the date ownership changed.
- If no surety is required, your contracts must contain the following disclosure required by §59.1-296.2:1(F): **“THIS CLUB IS NOT PERMITTED, PURSUANT TO THE VIRGINIA HEALTH CLUB ACT, TO ACCEPT ANY INITIATION FEE IN EXCESS OF \$125 OR ANY PAYMENT FOR MORE THAN THE PRORATED MONTHLY FEE FOR THE MONTH WHEN THE CONTACT IS INITIALLY EXECUTED PLUS ONE FULL MONTH IN ADVANCE.”** Please refer to page 2 of the registration form for surety requirements.
- **This office will strive to have your registration application and required documents reviewed within 30 days of the receipt of the registration submission. Before contacting us, please allow sufficient time for review and processing. During higher activity periods, processing time may be longer.**
- If you have any questions or need additional information, please contact us at [ocrregulatory@vdacs.virginia.gov](mailto:ocrregulatory@vdacs.virginia.gov) or at 804-786-1343, Option 4.

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OCRP-32 Revised 04/2020

APPLICATION FOR REGISTRATION  
HEALTH CLUB

**NOTE: Each facility location is required to file a separate registration application.**

1. **Facility Information:**

Facility Name: \_\_\_\_\_

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

City: \_\_\_\_\_ VA Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Mailing Address (if different from physical address): \_\_\_\_\_

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

2. **Ownership Information:**

Legal Entity Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

3. Business Type (Check One):
- |                                              |                                              |
|----------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Corporation         | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> LLC                 |

4. You must provide the following information for each owner of this health club. If the owner is a Corporation, Partnership, Limited Liability Company or other entity, the following information must be provided for each owner of that entity (attach additional sheets if needed):

Name (Last, First, Middle Initial)	Address (street, city, state, zip)	% of Interest
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Did any of the owners listed in question 4 previously own, in whole or in part, a health club facility that closed for business and failed to directly issue refunds or provide comparable alternative facilities to its members?

- Yes       No

6. Date when **CURRENT** owner sold first contract for this location: \_\_\_\_\_  
MM/ DD/ YYYY

7. Date this location first opened for full and regular use by members. If not opened yet, the date this location will open for full use by members (**Current Owner**): \_\_\_\_\_  
MM/DD/YY

8. State the total number of **active/unexpired** contracts (from Question #1 – Schedule A): \_\_\_\_\_

9. State the total number of **active/unexpired** bondable health club contracts (from Questions #9 – Schedule A): \_\_\_\_\_

You must submit the **ORIGINAL** surety (irrevocable letter of credit, surety bond or cash) in the amount appropriate for the number of contracts stated in question 9 (see schedule for amount of surety required below). There is no need to submit copies of bonds or letters of credit that are currently on file with the Commissioner.

**AMOUNT OF SURETY REQUIRED**

NUMBER OF BONDABLE CONTRACTS	SURETY AMOUNT
0 to 250	\$10,000
251 to 500	\$20,000
501 to 750	\$30,000
751 to 1,000	\$40,000
1,001 to 1,250	\$50,000
1,251 to 1,500	\$60,000
1,501 to 1,750	\$70,000
1,751 to 2,000	\$80,000
2001 or more	\$100,000

10. Has this health club filed surety with the Commissioner?  Yes  No

11. For each health club with a bond or letter of credit, specify:

a) Bank/Insurance Company Name: \_\_\_\_\_

b) Serial # or other identification # of the bond or letter of credit: \_\_\_\_\_

c) Amount of the bond or letter of credit: \_\_\_\_\_

d) Date issued/effective: \_\_\_\_\_

12. All health clubs are required to have a **working** automated external defibrillator (AED). Please indicate the Manufacturer and Device Name of the one(s) located in this club (attach additional sheet if needed):

- A. Manufacturer: \_\_\_\_\_ Device Name: \_\_\_\_\_
- B. Manufacturer: \_\_\_\_\_ Device Name: \_\_\_\_\_
- C. Manufacturer: \_\_\_\_\_ Device Name: \_\_\_\_\_
- D. Manufacturer: \_\_\_\_\_ Device Name: \_\_\_\_\_

13. Please indicate the general location(s) in your club where the AED(s) listed above is/are located:

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_

**I CERTIFY THAT ALL THE INFORMATION CONTAINED IN THIS REGISTRATION APPLICATION IS TRUE AND CORRECT:**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Print Name: \_\_\_\_\_

## Schedule A - Calculation of Bondable Contracts

This schedule is an integral part of your Health Club Registration and **MUST** be submitted along with the application.

		TOTAL CONTRACTS	
1	What is the total number of <b>unexpired/active</b> contracts? (Total number of contracts, regardless of type/term of contract, i.e.: month-to-month, 12 month, etc.)		
<b>MULTIPLES CALCULATIONS</b>			
2	What is the total number of <b>unexpired/active</b> contracts with a term that exceeds 13 months?		
3	What is the number of <b>unexpired/active</b> contracts from <b>Question 2</b> that are payable only on a monthly basis and the initiation fee collected is no more than \$250?		
4	Subtract the number in <b>Question 3</b> from the number in <b>Question 2</b> .		
5	Divide the number in <b>Question 4</b> by the number in <b>Question 1</b> . (This determines percentage of contracts that are multiples).		
<b>BONDABLE CALCULATIONS</b>			<b>TOTAL BONDABLE CONTRACTS</b>
6	What is the total number of <b>unexpired/active</b> contracts with an initial term 13 months or less, where you collected more than a \$125 initiation fee and/or more than one month, and a prorated monthly fee for the month when the contract was initially executed, in advance?	Enter the number of contracts into the box ▶	
7	What is the total number of <b>unexpired/active</b> contracts with an initial term 24 months or less, but more than 13 months, where you collected more than a \$125 initiation fee and/or more than one month, and a prorated monthly fee for the month when the contract was initially executed in advance?	If percentage in Question 5 is greater than 10%, multiply the number by 2 and enter the number in the box. If less than 10%, enter the actual number. ▶	
8	What is the total number of <b>unexpired/active</b> contracts with an initial term 36 months or less, but more than 24 months, where you collected more than a \$125 initiation fee and/or more than one month, and a prorated monthly fee for the month when the contract was initially executed in advance?	If percentage in Question 5 is greater than 10%, multiply the number by 3 and enter the number in the box. If less than 10%, enter the actual number. ▶	
9	Total number of bondable contracts (add questions 6, 7, and 8). <i>This number determines the amount of surety required to be on file with the Office of Charitable and Regulatory Programs, pursuant to §59.1-306 of the Virginia Health Club Act.</i>	Enter total number of bondable contracts ▶	