



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. Questions can be emailed to [dcp.investigations@ct.gov](mailto:dcp.investigations@ct.gov).

**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**  
**450 Columbus Blvd, Ste 801**  
**Hartford, CT 06103**

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DATE OF OPENING:	FEE COLLECTED:	CHECK OR MONEY ORDER #:	BUSINESS NO LONGER ACTIVE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 / _ _ _ _