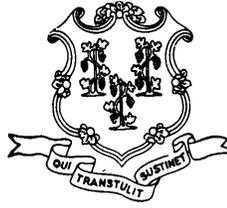**STATE OF CONNECTICUT**
DEPARTMENT OF CONSUMER PROTECTION
License Services Division
450 Columbus Blvd, Ste 801
Hartford, CT 06103
Email: dcp.investigations@ct.gov

For Official Use Only

Health Club License Reinstatement Form

Instructions:

- A license may be reinstated provided a completed reinstatement form and all applicable fees are submitted **not later than three years after the date of expiration of the license**.
- All licenses expire annually on September 30th. A completed reinstatement form with the applicable fee(s) will reinstate the indicated license to the current renewal year.
- Please note, this license is non-transferable. If there has been a change in ownership, a new application must be submitted. Applications are available on our website at www.ct.gov/dcp.
- Mail this completed form with the applicable fee(s) to the above address.

Reinstatement Fees:

- **Health Club**: A total **reinstatement fee of $825.00** ($750.00 plus $75.00 late fee) **for each one-year period of expiration** must accompany this form.
- **Martial Arts Health Club:** A total **reinstatement fee of $385.00** ($350.00 plus $35.00 late fee) **for each one-year period of expiration** must accompany this form.
- Checks or money orders should be made payable to *"Treasurer, State of Connecticut."*

License Number to be Reinstated	Expiration Date of License

Applicant Information

Name of Health Club

Location Address	City	State	Zip Code

Telephone Number	Email Address to be used for all correspondence	FEIN

Mailing Address (if different than above)

Street Address	City	State	Zip Code

Legal Owner

Name

Street Address	City	State	Zip Code

Reinstatement Question

1). Has the Health Club been operating during the time of expiration? ☐ Yes ☐ No

Certification

I certify, under penalty of law (Section 53a-157b, a Class A Misdemeanor) that the information provided in this application is the truth to the best of my knowledge.

_____   _____   _____
Signature   *Title*   *Date*