



**STATE OF SOUTH CAROLINA  
DEPARTMENT OF CONSUMER AFFAIRS  
PHYSICAL FITNESS SERVICES CENTER  
ANNUAL REPORT: INSTRUCTIONS**



**Mailing Address**  
P.O. Box 5757  
Columbia, SC 29250-5757

S.C. Code Ann. § 44-79-80 (3)  
S.C. Reg. 28-100 B. (6), C. (4) (Supp. 2013)  
[www.consumer.sc.gov](http://www.consumer.sc.gov)  
803-734-4291 or 1-800-922-1594

**Street Address**  
2221 Devine St., Ste 200  
Columbia, SC 29205-2418

**Reporting Requirement:** Section 44-79-80 (3) and S.C. Reg. 28-100 B. (6), C. (4) require each licensee to submit an annual report on the Physical Fitness Center's business conducted during the previous calendar year to the Department.

**Deadline:** The report must be submitted by **June 30th**.

**Late Penalty:** The Department will assess a penalty fine of **fifty dollars** if the annual report is not received by June 30<sup>th</sup> with the potential for additional administrative fines and/or other administrative action.

**Applicability:** The Report requires the licensed center to provide specific information regarding business conducted during the previous calendar year under its South Carolina Physical Fitness Services Certificate of Authority.

**Other Reporting Requirements:** Under S.C. Code Ann. Reg. 28-100 B. (6), licensees are also required to report the occurrence of specific events, including opening of closing of a center and/or location, felony indictments involving breach of trust, moral turpitude, fraud, or dishonest dealing, filing of bankruptcy or reorganization, civil action against the center, and revocation, suspension or other proceedings against the center by a governmental authority within ten (10) business days of occurrence.

**Notary:** After fully completing the annual report, make sure that your signature is notarized by a notary public. A notary public can be found at your local financial institution.

**Mail the Annual Report Form To:** South Carolina Department of Consumer Affairs  
Legal Division: Physical Fitness Services  
P.O. Box 5757  
Columbia, SC 29250

**Questions? Contact:** Matalie Mickens, Program Coordinator 803-734-4291 or [mmickens@sconsumer.gov](mailto:mmickens@sconsumer.gov)  
Tiffany Gibson, Staff Attorney 803-734-0047 or [tdgibson@sconsumer.gov](mailto:tdgibson@sconsumer.gov)



**STATE OF SOUTH CAROLINA  
DEPARTMENT OF CONSUMER AFFAIRS  
PHYSICAL FITNESS SERVICES CENTER  
ANNUAL REPORT**



**Mailing Address**  
P.O. Box 5757  
Columbia, SC 29250-5757

S.C. Code Ann. § 44-79-80 (3)  
S.C. Reg. 28-100 B. (6), C. (4) (Supp. 2013)  
[www.consumer.sc.gov](http://www.consumer.sc.gov)  
803-734-4291 or 1-800-922-1594

**Street Address**  
2221 Devine St., Ste 200  
Columbia, SC 29205-2418

**Please Type or Print Legibly in Ink.** This form must be submitted to the Department by **June 30th**. The Department will impose a fine of fifty dollars if form is not received by June 30<sup>th</sup> with the potential for additional administrative fines and/or other administrative action.

**DO NOT FAX THIS FORM**

1. Full Name of Physical Fitness Services Center: \_\_\_\_\_

2. Trade Name (D/B/A): \_\_\_\_\_ License No.: \_\_\_\_\_

3. Current Owner: \_\_\_\_\_

4. Contact Person: \_\_\_\_\_ 5. E-mail address: \_\_\_\_\_

6. Website if any: \_\_\_\_\_

7. Physical Address: \_\_\_\_\_

(Street Address)

(City)

(State)

(Zip Code)

8. Mailing Address: \_\_\_\_\_

(Street Address)

(City)

(State)

(Zip Code)

9. Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ 10. Fax Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

11. Financial Responsibility: a. Bond  Letter of Credit

b. Company: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

12. GENERAL QUESTIONS: Answer the following questions based on the physical fitness center's business conducted during the **previous calendar year**.

| STATEMENT  | AMOUNT |
|--|--------|
| a. Total number of <b>current members</b> ?      |        |
| b. Total number of centers/locations?            |        |
| c. Total number of prepaid/paid-in-full members? |        |

|  |  |
|--|--|
| d. Total number of installment contract members? |  |
| e. Total number of month to month members?       |  |

13. Have any of the following events occurred? Only include events of which **you have not notified** the Department. If the answer to any question is "YES", attach complete details. **Mark an "X" in the Appropriate Box.**

|   | YES                      | NO                       | NO |
|---|--------------------------|--------------------------|----|
| a. Revocation, suspension, or other proceedings against the center by a government authority which is related to the center's physical fitness services in any state? | <input type="checkbox"/> | <input type="checkbox"/> |    |
| b. Civil action against the center?   | <input type="checkbox"/> | <input type="checkbox"/> |    |
| c. Filing of bankruptcy, reorganization, or receivership proceedings by or against the center?  | <input type="checkbox"/> | <input type="checkbox"/> |    |
| d. The opening or closing of a physical fitness center and/or location(s)?  | <input type="checkbox"/> | <input type="checkbox"/> |    |
| e. Felony indictments or convictions involving breach of trust, moral turpitude, fraud, or dishonest dealing?   | <input type="checkbox"/> | <input type="checkbox"/> |    |
| f. Change of ownership?   | <input type="checkbox"/> | <input type="checkbox"/> |    |
| g. Any other event indicative of a substantial change of business's financial status?   | <input type="checkbox"/> | <input type="checkbox"/> |    |

**PENALTIES:** The Department will impose a fine of fifty dollars (\$50) if Annual Report is not received by June 30<sup>th</sup> with the potential for additional administrative fines and/or other administrative action

The undersigned swears or affirms and certifies that he/she has completed and/or reviewed all information in this report and that all information contained herein and in all addending and supplemental forms is true and accurate. The undersigned further certifies that giving false information in this application or any addending or supplemental forms constitutes cause for denial or revocation of the organization's license and subjects him/her to criminal prosecution for perjury. The undersigned acknowledges the **duty and agrees to update** and correct this information as it changes.

SWORN TO AND SUBSCRIBED before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature of person completing the form

\_\_\_\_\_  
Notary Public For \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Type or Print your name and Business Relationship or Title