



Florida Department of Agriculture and Consumer Services
Division of Consumer Services

HEALTH STUDIO
AFFIDAVIT OF EXEMPTION

NICOLE "NIKKI" FRIED
COMMISSIONER

Sections 501.012 – 501.019, Florida Statutes
Rule 5J-4.005, Florida Administrative Code

1-800-HELP-FLA (435-7352) • (850) 410-3800
www.FDACS.gov • (850) 410-3804 Fax

Return completed form to:
FDACS
Health Studio Program
2005 Apalachee Parkway
Tallahassee, FL 32399-6500

Section 501.013, Florida Statutes, allows certain businesses or activities to claim exemption from health studio regulation upon filing an affidavit with the Department of Agriculture and Consumer Services and establishing that certain qualifications have been met.

STATE OF _____ COUNTY OF _____

Personally appeared before me, the undersigned authority, _____
(name of person making statement)

whose title is _____ of _____
(title of person making statement) (name of business)

located at _____ in _____, _____
(complete physical address) (city, state and zip code) (telephone number, including area code)

mailing _____
(address if different from above) (city, state and zip code)

who, being duly sworn, says:

This business is not subject to regulation as a health studio for the following reason checked below:

- The business is a bona fide non-profit organization which has been granted tax-exempt status by the United States Internal Revenue Service (IRS);
The business is a gymnastics school engaged only in instruction and training and in which exercise is only incidental to such instruction and training;
The business is a golf, tennis or racquetball club in which sports play is the only activity offered by the club. This exemption does not apply if the facility offers the use of physical exercise equipment;
The business is a program or facility offered and used only for the purpose of dance, aerobic exercise, or martial arts, and which utilizes no physical exercise equipment;
A country club that has as its primary function the provision of a social life and recreational amenities to its members, and for which a program of physical exercise is merely incidental to membership.
A program or facility that is offered by an organization for the exclusive use of its employees and their family members.

_____/_____/_____/_____/_____
Signature of Affiant Month Day Year

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____,
who is personally known to me or who has produced _____ as identification.

_____/_____/_____
Notary Public Signature

_____/_____/_____
Notary Public Name, Please Print