

Mail To:

Minnesota Attorney General's Office
ATTN: Club Contracts Registration
445 Minnesota Street, Suite 600
St. Paul, MN 55101

STATE OF MINNESOTA

**CLUB STATEMENT UPON
CEASING OPERATIONS**

(Pursuant to Minn. Stat. §§ 325G.23-.28)



Legal Name of Organization: _____

Mailing Address:	Physical Address:
_____	_____
Contact Person	Contact Person
_____	_____
Street Address	Street Address
_____	_____
City, State, and Zip Code	City, State, and Zip Code
_____	_____
Phone Number	Phone Number
_____	_____
Email Address	Email Address

1. Date Club Began Operating in Minnesota: _____

2. Date Club Closed/Plans to Close: _____

3. Total Number of Minnesota Members at Time of Closing: _____

4. Was your club acquired by another person or entity that intends to operate a similar club?

☐ Yes—Answer Questions 4a -4c.

☐ No—Skip to Question 5.

4a. Identify the following about the acquiring person or entity:

Name/Business Name: _____

Address: _____

Contact Phone number: _____



CLUB STATEMENT UPON CEASING OPERATIONS (Continued)

- 4b. Where arrangements made for the acquiring person or entity to honor or otherwise continue club members' memberships? If so, describe these arrangements.

- 4c. Identify the date the club plans to reopen under new ownership:

5. **Attach:** A list the club's Minnesota members that identifies each member by:

- Name;
- telephone number;
- date the member joined the club;
- length of member's current membership agreement; and
- the amount the member prepaid towards his or her current membership agreement.



CLUB STATEMENT UPON CEASING OPERATIONS (Continued)

CERTIFICATION

I am authorized to submit this Club Statement Upon Ceasing Operations on behalf of _____ . I certify that the information contained in this Club Statement Upon Ceasing Operations form, and documents included with the statement, are complete, true, and correct.

Signature

Name and Title (please print)

Date

Subscribed and sworn to before me this

_____ day of _____, 20____

Notary Public