

**Form 3008—General Information
(Health Spa Affidavit for Release of Escrow)**

The attached form is designed to meet minimal statutory filing requirements pursuant to the relevant code provisions. *This form and the information provided are not substitutes for the advice and services of an attorney.*

Commentary

Health Spas are governed by Chapter 702 of the Texas Occupations Code (the “Health Spa Act”) and the secretary of state’s administrative rules found in 1 Texas Administrative Code Chapter 102. This form is designed to meet the minimum requirements for the release of an escrow account pursuant to Section 702.356 of the Health Spa Act. An Affidavit for Release of Escrow may be filed with the secretary of state after the health spa has been open for more than thirty days.

Instructions for Form

- **Identifying Information:** The certificate holder is the person who holds the health spa registration certificate. The certificate holder’s name must match the name on the health spa registration application. The affiant is the individual swearing to or affirming the contents of the Affidavit for Release of Escrow. The health spa is the health spa for which the affidavit is being filed.
- **Statement:** For release of the certificate holder’s escrow account, the statement contained in this section must be true and sworn to by the affiant.
- **Execution:** The affiant must sign and date the notice before a notary public or other official who has authority to administer an oath.
- **Delivery Instructions:** The form may be mailed to P.O. Box 13550, Austin, Texas 78711-3550 or delivered to the James Earl Rudder Office Building, 1019 Brazos, Austin, Texas 78701. Upon filing of the Affidavit for Release of Escrow, the secretary of state will acknowledge receipt and return a copy to the certificate holder.

Revised 03/09

Submit to:
SECRETARY OF STATE
Statutory Documents Section
P O Box 13550
Austin, TX 78711-3550
512-463-6906
512-475-2815 – Fax
Filing Fee: None



**HEALTH SPA AFFIDAVIT FOR
RELEASE OF ESCROW**

Identifying Information

Name of Certificate Holder *(must match name on health spa registration application)*:

Name of Affiant:

Name of Health Spa:

Statement

Affiant certifies that:

1. Affiant is authorized to execute this affidavit on behalf of Health Spa;
2. Health Spa has been open for at least thirty days;
3. All obligations of Health Spa for which a lien may be claimed under Chapter 53, Texas Property Code, have been paid; and
4. No person is eligible to claim a lien against Health Spa under Chapter 53, Texas Property Code.

Execution

Date: _____

Signature of Affiant

State of _____)

Printed or typed name of Affiant

County of _____)

Sworn to and subscribed before me this _____ day of _____, 20 ____.

(seal)

Notary Public Signature

Acknowledgement

This Affidavit for Release of Escrow was received by the Office of the Secretary of State.

Date: _____

Signature of authorized person FOR SECRETARY OF STATE

Printed or Typed Name

Title