

**SUPPLEMENTAL BEAUTY PARLORS, BARBER SHOPS,
PERSONAL CARE AND GROOMING APPLICATION**

1. Applicant's Name: _____
2. Applicant Operates: Beauty Parlor Barber Shop Other _____
3. Shop is located in: Own Building Home Shopping Mall
 Other _____

4. What is the square footage of the premises that you occupy? _____ Sq. ft.

5. Estimated annual gross receipts \$ _____

6. Number of full-time operators _____ Part-time _____

Number of manicurists _____ Number of barber chairs _____

7. Is any space, booth, or chair rented to others? Yes No

If yes, please give names of lessees _____

A Certificate of Insurance must be attached for each lessee; if not, appropriate charge will be applied.

8. Name of every person, including yourself, partners and employees working in your business:

<u>Name</u>	<u>Services Performed</u>	<u>Full or Part-time</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Are all operators licensed? Yes No Certified? Yes No

10. Services and Procedures provided:

	<u>Ye</u> <u>s</u>	<u>No</u>	
Permanent Waves	_____	_____	
Hair Relaxing	_____	_____	Number given weekly _____
Permanent Hair Removal	_____	_____	___ Needle Form ___ Shore Wave ___ Other _____
Hair Dyeing	_____	_____	Predisposition test given? ___ Yes ___ No
Wigs	_____	_____	Income from wig services & sales \$ _____
Nail Sculpturing	_____	_____	
Exercising	_____	_____	If yes, provide complete details below.
Tanning	_____	_____	If yes, provide complete details below.
Ear Piercing	_____	_____	
Electrolysis	_____	_____	

Other (Describe) _____

11. Description of the type of cosmetics and chemicals used. _____

12. Do you manufacture, blend or mix any products? If so, describe. _____

13. Do you sell any products which bear your private label? If so describe. _____

COVERAGE IS NOT BINDING UNTIL APPROVED BY THE COMPANY.

Applicant's Signature

Date