



## 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>Yes</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