

P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

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.	
8.	Name of every person, including yourself, partners and employees working in your business:
8.	Name of every person, including yourself, partners and employees working in your business:NameServices PerformedFull or Part-time
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10. Services and Procedures provided:

Permanent Waves	<u>Y</u>	<u>es N</u>	<u>o</u>
Hair Dyeing Predisposition test given?Yes Wigs Income from wig services & sales Nail Sculpturing Exercising If yes, provide complete details below. Tanning If yes, provide complete details below. Ear Piercing	Vaves		
Hair Dyeing Predisposition test given?Yes Wigs Income from wig services & sales Nail Sculpturing Exercising If yes, provide complete details below. Tanning If yes, provide complete details below. Ear Piercing	a		Number given weekly
Hair Dyeing Predisposition test given?Yes Wigs Income from wig services & sales Nail Sculpturing Exercising If yes, provide complete details below. Tanning If yes, provide complete details below. Ear Piercing			Needle Form Shore Wave
Wigs Income from wig services & sales Nail Sculpturing			Other
Nail Sculpturing			
Nail Sculpturing			-
Exercising If yes, provide complete details below. Tanning If yes, provide complete details below. Ear Piercing If yes, provide complete details below. Electrolysis If yes, provide complete details below. Other (Describe) If yes, provide complete details below. Description of the type of cosmetics and chemicals used. If yes, provide complete details below. Do you manufacture, blend or mix any products? If so, describe.	. —		\$
Tanning If yes, provide complete details below. Ear Piercing If yes, provide complete details below. Electrolysis If yes, provide complete details below. Other (Describe) If yes, provide complete details below. Description of the type of cosmetics and chemicals used. If yes, provide complete details below. Do you manufacture, blend or mix any products? If so, describe.	'ing		<u> </u>
Ear Piercing Electrolysis Other (Describe) Other (Describe) Description of the type of cosmetics and chemicals used. Description of the type of cosmetics and chemicals used. Do you manufacture, blend or mix any products? If so, describe.			
Electrolysis			If yes, provide complete details below.
Other (Describe) Description of the type of cosmetics and chemicals used Do you manufacture, blend or mix any products? If so, describe			
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Do you manufacture, blend or mix any products? If so, describe.			
	f the type of cosmo	etics and o	chemicals used.
Do you sell any products which bear your private label? If so describe.	facture, blend or n	nix any pr	oducts? If so, describe.
Do you sell any products which bear your private label? If so describe.			
		boorview	n niveta label2. If as describe
	ny products which	bear you	r private label? If so describe.

COVERAGE IS NOT BINDING UNTIL APPROVED BY THE COMPANY.

Applicant's Signature

Date