



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 _____
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