

## 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>	
_____	_____	<input type="checkbox"/> FT	<input type="checkbox"/> PT
_____	_____	<input type="checkbox"/> FT	<input type="checkbox"/> PT
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_____	_____	<input type="checkbox"/> FT	<input type="checkbox"/> PT

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

10. Services and Procedures Provided:

Permanent Waves

☐ Yes ☐ No

Number given weekly \_\_\_\_\_

Hair Relaxing

☐ Yes ☐ No

Permanent Hair Removal

☐ Yes ☐ No

Needle Form \_\_\_\_\_ Shore Wave \_\_\_\_\_

Other: \_\_\_\_\_

Hair Dyeing

☐ Yes ☐ No

Predisposition test given? ☐ Yes ☐ No

Wigs

☐ Yes ☐ No

Income from wig services & sales

\$ \_\_\_\_\_

Nail Sculpturing

☐ Yes ☐ No

Exercising

☐ Yes ☐ No

Tanning

☐ Yes ☐ No

Ear Piercing

☐ Yes ☐ No

Electrolysis

☐ Yes ☐ No

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