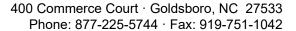
## SUPPLEMENTAL EXERCISE, FITNESS, HEALTH AND SELF DEFENSE STUDIOS APPLICATION

1.	1. Applicant's Name:	
2.	2. Estimated gross receipts:	
3.	3. Number of employees: Full-time: Part-time: _	_
	Independent Contractors: Other (describe):	
4.	4. Provide specific details on the licensing or certification requirements:	
5.	5. Please check each type of service provided:  ☐ Tanning beds/booths How many?	
	☐ UVA ☐ UVB UVB output:	
	☐ Toning beds	
	☐ Pools How many?	
	Diving board:	
	Depths marked: Yes No	
	Lifeguard on duty	
	☐ Whirlpool ☐ Jogging track	
	☐ Aerobics ☐ Nutritional counseling	
	☐ Free weights ☐ Restaurant, Snack bar	
	☐ Nautilus – Universal weight machines ☐ Racquetball, Tennis, Handba	II
	☐ Sauna, Steam room	
	☐ Martial Arts If yes, please explain:	
	Number of students: Light contact: ☐ Yes ☐ No Full Contact: ☐ Type of weapons taught:	
	What belt rank must a student obtain before learning weapons?	
	Do students participate in tournaments?	





6.	What is the square footage of the premises you occupy? Sq. ft	
7.	Are childcare facilities provided?	
	If yes, provide complete details:	
0	Drovide a convert one club membership contracts.	
	Provide a copy of any club membership contracts.   Attached.	
9.	Describe any products sold on premises:	
	COVERAGE IS NOT BINDING UNTIL APPROVED BY THE COMPANY.	
	Applicant's Signature Date	