

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

1. Applicant's Name: _____
2. Estimated gross receipts: _____
3. Number of employees: _____ Full-time: _____ Part-time: _____
Independent Contractors: _____ Other (describe): _____

4. Provide specific details on the licensing or certification requirements: _____

5. Please check each type of service provided:

☐ Tanning beds/booths How many? _____
☐ UVA ☐ UVB UVB output: _____

☐ Toning beds

☐ Pools How many? _____

Diving board: ☐ Yes ☐ No

Depths marked: ☐ Yes ☐ No

Lifeguard on duty ☐ Yes ☐ No

☐ Whirlpool

☐ Jogging track

☐ Aerobics

☐ Nutritional counseling

☐ Free weights

☐ Restaurant, Snack bar

☐ Nautilus – Universal weight machines

☐ Racquetball, Tennis, Handball

☐ Sauna, Steam room

☐ Martial Arts If yes, please explain: _____

Number of students: _____ Light contact: ☐ Yes ☐ No Full Contact: ☐ Yes ☐ No

Type of weapons taught: _____

What belt rank must a student obtain before learning weapons? _____

Do students participate in tournaments? ☐ Yes ☐ No If yes, explain (number of participants, ages, type of contact ,etc.): _____

6. What is the square footage of the premises you occupy? _____ Sq. ft. _____

7. Are childcare facilities provided? ☐ Yes ☐ No

If yes, provide complete details: _____

8. 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