## 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.	
6.	Number of full-time operators Part-time
7.	
	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
	Name Services Performed Full or Part-time
9	Are all operators licensed? Yes No Certified? Yes No

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Yes <u>No</u> Permanent Waves Hair Relaxing Number given weekly \_\_\_\_\_ Needle Form \_\_\_ Shore Wave \_\_\_\_ Permanent Hair Removal Predisposition test given? \_\_\_Yes \_\_No Hair Dyeing Income from wig services & sales Wigs 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

10. Services and Procedures provided:

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