## SUPPLEMENTAL BEAUTY PARLORS, BARBER SHOPS, PERSONAL CARE AND GROOMING APPLICATION

1.	Applicant's Name:								
2.	Applicant Operates: Beau	uty Parlor _	Bar	ber Shop	Other				
3.	Shop is located in: Own	Building _	Home	e Sh	opping Mall				
	Other								
4.	What is the square footage of the	ne premises	that you	occupy? _		Sq. ft.			
5.	Estimated annual gross receipts	s \$							
6.	Number of full-time operators _			_ Part-tim	ne				
	Number of manicurists		N	umber of b	arber chairs _				
7.	Is any space, booth, or chair rer	nted to other	s? _	Yes	N	0			
	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>	Services Pe	erformed		Full or	Part-time			
9	Are all operators licensed?	Yes	Nο	Certified?	Yes	Nο			

PA01-289(06/90) Page 1 of 2

Services and Procedures provided:							
		<u>Ye</u> <u>s</u>	<u>No</u>				
	Permanent Waves	<u> </u>					
	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			-			
	Do you manufacture, blend	or mix a	ny prod	ucts? If so, describe.			
	Do you sell any products wh	ich bea	r your p	rivate label? If so describe.			
	COVERAGE IS NO	OT BIND	OING UN	ITIL APPROVED BY THE COMPANY.			
	OOVERAGE IS NO						

PA01-289(06/90) Page 2 of 2