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

   Name | Services Performed | Full or Part-time
   -----------------------------------------------
   | ______________________________ | __________________________
   | ______________________________ | __________________________
   | ______________________________ | __________________________
   | ______________________________ | __________________________
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9. Are all operators licensed? _____ Yes _____ No   Certified? _____ Yes _____ No
10. Services and Procedures provided:

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes</th>
<th>No</th>
<th>Details</th>
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<tbody>
<tr>
<td>Permanent Waves</td>
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<tr>
<td>Hair Relaxing</td>
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<td>Permanent Hair Removal</td>
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<td>Number given weekly</td>
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<tr>
<td>Needle Form</td>
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<td>Shore Wave</td>
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<tr>
<td>Other</td>
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<tr>
<td>Hair Dyeing</td>
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<td>Predisposition test given? Yes No</td>
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<tr>
<td>Wigs</td>
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<td></td>
<td>Income from wig services &amp; sales $</td>
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<tr>
<td>Nail Sculpturing</td>
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<tr>
<td>Exercising</td>
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<td>If yes, provide complete details below.</td>
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<tr>
<td>Tanning</td>
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<td>If yes, provide complete details below.</td>
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<tr>
<td>Ear Piercing</td>
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<td>Electrolysis</td>
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<td>Other (Describe)</td>
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</table>

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.

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COVERAGE IS NOT BINDING UNTIL APPROVED BY THE COMPANY.

________________________________  ______________________
Applicant’s Signature              Date