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 ___________________
   Number of manicurists ___________________ Number of barber chairs ______________

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
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

9. Are all operators licensed?  ____ Yes  ____ No  Certified?  ____ Yes  ____ No
10. Services and Procedures provided:

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<tr>
<th>Service</th>
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<th>No</th>
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<td>Permanent Waves</td>
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<td>Hair Relaxing</td>
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<td>Permanent Hair Removal</td>
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<td>Hair Dyeing</td>
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<td>Nail Sculpturing</td>
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<td>Electrolysis</td>
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<td>Other (Describe)</td>
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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