

TANNING & BEAUTY SALON/OPERATOR APPLICATION

- 1.1 Applicant Name: _____ Phone: _____
 Business Name: _____ Website: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Business Address: _____
- 1.2 Business operated as: Corporation Partership Individual Independent Contractor
- 1.3 Business operated as salon? _____ If not, other: _____
- 1.4 How long in business? _____ Do all professionals have licenses? _____
- 1.5 Do you have operations not listed on the schedule? ___ If yes, provide details: _____
 Do you have insurance for these operations? _____ Name of insurance company: _____
- 1.6 Products liability needed? _____ Gross receipts (excluding private label): _____
 Do you private-label products for sale? _____ (No coverage is provided for private label products)

SCHEDULE OF SERVICES

Indicate which services you provide, number of operators who do the service and if we are to insure them.

				<u>INSURE?</u>
MANICURISTS	YES/NO	NUMBER _____		_____
BEAUTICIANS	YES/NO	NUMBER _____		_____
FACIALS	YES/NO	NUMBER _____		_____
List products you use and percentage of acids: _____				
Have you had training on the peels you are using? _____				
MICRODERMABRASION	YES/NO	NUMBER _____		_____
Have you been trained in microdermabrasion?			YES/NO	_____
Do you use a consent form for microdermabrasion?			YES/NO (If yes, attach copy)	_____
WAX REMOVAL	YES/NO	NUMBER _____		_____
Are all the facialists doing wax removal as well?			YES/NO	_____
BODY WRAPS	YES/NO	NUMBER _____		_____
List the type of wraps you use: _____				
MASSAGE	YES/NO	NUMBER _____		_____
Have you been trained in massage?			YES/NO (If yes, attach copy)	_____
ELECTROLOGY	YES/NO	NUMBER _____		_____
EAR PIERCING	YES/NO	NUMBER _____		_____
TANNING - AIRBRUSH	YES/NO	UNITS _____		_____
<i><u>FOLLOWING SERVICES REQUIRE SEPARATE APPLICATIONS IF COVERAGE IS NEEDED</u></i>				
TANNING - UNIT	YES/NO	UNITS _____		_____
PERMANENT MAKEUP	YES/NO	NUMBER _____		_____
NEEDLING / MCA <small>(MCA= Multitrepannic Collagen Actualtion)</small>	YES/NO	NUMBER _____		_____
LASER / INTENSE PULSED LIGHT	YES/NO	NUMBER _____		_____
LED UNIT(S)	YES/NO	NUMBER _____		_____
PIGMENT REMOVAL / LIGHTENING	YES/NO	NUMBER _____		_____
BODY TATTOO	YES/NO	NUMBER _____		_____
BODY PIERCING	YES/NO	NUMBER _____		_____
TOTAL NUMBER OF TECHNICIANS TO BE INSURED			NUMBER _____	

TANNING BED SUPPLEMENT APPLICATION

BUSINESS NAME: _____

Complete address where beds are located: _____

1. What type of lighting is used? UVA UVB
What is the percentage of UVB? _____
2. What is the maximum exposure time for tanning? _____
3. Are goggles worn by ALL CLIENTS? _____
4. Are timer controls set by user? _____ Salon Operator? _____ Tokens? _____
5. Are beds tested daily to ensure switches & timers are operating properly? _____
6. Number of beds: _____ Number of booths: _____
7. Manufacturer of each bed/booth: _____

8. Is U.L. label on each bed? _____
9. Does applicant restrict use to once every 24 hours? _____
10. Do you use customer history cards? _____ If yes, enclose a copy of your form.
How long are client records kept? _____ (must be a minimum of 3 years.)
11. Do you use a drug reaction list? _____ If yes, enclose a copy of your form.
12. Do you have the FDA Warning Sign posted as required by law: _____

I affirm all the above to be true:

Signed: _____ Date: _____

(Note signatures on application are only valid for 30 days, after 30 days all apps will need to be re-signed and dated)

