

Submission # _____

Health & Fitness Application

DaySpa Supplement

(A Copy of this Page is Required for Each Location)

Location #: _____

Address: _____

Number of treatment rooms: _____

Square Footage: _____

Do you have any licensed Cosmetologists? Yes No

If yes: Number of W2 employees: _____ Number of 1099 Independent Contractors: _____

Do you have any licensed Estheticians? Yes No

If yes: Number of W2 employees: _____ Number of 1099 Independent Contractors: _____

Do you have any other licensed professionals? Yes No Describe: _____

If yes: Number of W2 employees: _____ Number of 1099 Independent Contractors: _____

SERVICES

Indicate all services provided at this location

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Airbrush Tanning | <input type="checkbox"/> Chemical Peels | <input type="checkbox"/> Hydrotherapy | <input type="checkbox"/> Oxygen Bar |
| <input type="checkbox"/> Airbrush Tattooing | <input type="checkbox"/> Ear Piercing | <input type="checkbox"/> Low Acid Peels | <input type="checkbox"/> Pulse Light Therapy |
| <input type="checkbox"/> Aromatherapy | <input type="checkbox"/> Endermology | <input type="checkbox"/> Lymphatic Drainage | <input type="checkbox"/> Skin Care/Facials |
| <input type="checkbox"/> Aquamassage | <input type="checkbox"/> Endothermology | <input type="checkbox"/> Make-Up Application/Lesson | <input type="checkbox"/> Sugaring |
| <input type="checkbox"/> Beauty Products Sold | <input type="checkbox"/> Foot Therapy (Detox) | <input type="checkbox"/> Massage Therapy | <input type="checkbox"/> Vichy Shower |
| <input type="checkbox"/> Cellulite Treatment | <input type="checkbox"/> Hair Services | <input type="checkbox"/> Muscle Electro-Stimulation | <input type="checkbox"/> Waxing |
- Body Wraps - What type of wraps? _____
- Manicure/Pedicure - Do you do fish pedicures? Yes No
- Microdermabrasion - Do you go below the dermal layer? Yes No
- Teeth Whitening - At home kits sold LED lights used Trays Used

SAFETY QUESTIONNAIRE

- Do independent contractors or booth renters conduct operations on your premises? Yes No
- Are the work areas where acrylics are used well ventilated? Yes No
- Are all employees instructed in first aid to potential eye contamination by chemicals? Yes No
- Are all body contact supplies sanitized after each use? Yes No
- Are toxic chemicals stored from access to customers? Yes No
- Do you manufacture or repackage any products? Yes No
- Are any products manufactured and distributed under your private label? Yes No
- If yes, please describe the product and attach proof of manufacturers coverage: _____
- Do you have any procedures that require needles? Yes No

Exclusions: Acupuncture, permanent tattooing, permanent make-up, electrolysis, laser hair removal, chiropractic, ear candling and any invasive procedures or techniques including but not limited to collagen injections and colon cleansing procedures.

Applicant's Signature: _____

Date: _____