

SUPPLEMENTAL EXERCISE, FITNESS, HEALTH AND SELF DEFENSE STUDIOS APPLICATION

1. Applicant's Name: _____
2. Estimated gross receipts _____
3. Number of employees _____ Full-time _____ Part-time _____
Independent Contractors _____ Other _____
4. Provide specific details on the licensing or certification requirements:

5. Please check each type of service provided:
 - ☐ Tanning beds/booths How many? _____
UVA _____ UVB _____ UVB output _____
 - ☐ Toning beds
 - ☐ Pools How many? _____
 - Diving board? _____ Yes _____ No
 - Depths marked? _____ Yes _____ No
 - Lifeguard on duty? _____ Yes _____ No
 - ☐ Whirlpool
 - ☐ U Aerobics
 - ☐ Free weights
 - ☐ Nautilus — Universal weight machines ☐ Sauna, Steam room
 - ☐ Racquetball, Tennis, Handball
 - ☐ Jogging track
 - ☐ Nutritional counseling
 - ☐ Restaurant, Snack bar

6. Please check each type of service provided: cont'd)

☐ Martial Arts If yes, explain: _____

Number of students _____

Light contact ___ Yes ___ No Full contact ___ Yes ___ No

Type of weapons taught _____

What belt rank must a student obtain before learning weapons? _____

Do students participate in tournaments? ___ Yes ___ No

If yes, explain (number of participants, ages, type of contact, etc. _____

7. What is the square footage of the premises that you occupy? _____ Sq. ft.

8. Are childcare facilities provided? ___ Yes ___ No

If yes, provide complete details. _____

9. Provide a copy of any club membership contracts. _____

10. Describe any products sold on premises.

COVERAGE IS NOT BINDING UNTIL APPROVED BY THE COMPANY.

Applicant's Signature

Date