

## 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

Aerobics

Free weights

Nautilus – Universal weight machines

Sauna, Steam room

Racquetball, Tennis, Handball

Jogging track

Nutritional counseling

Restaurant, Snack bar

5. 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. \_\_\_\_\_

6. What is the square footage of the premises that you occupy? \_\_\_\_\_ Sq. ft.

7. Are childcare facilities provided?    \_\_\_\_ Yes    \_\_\_\_ No

If yes, provide complete details. \_\_\_\_\_

8. Provide a copy of any club membership contracts.

9. Describe any products sold on premises.

**COVERAGE IS NOT BINDING UNTIL APPROVED BY THE COMPANY.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date