



Hello Gorgeous! Affiliate Salon Application

Salon Name _____ Date _____

Salon Address _____

City, State, ZIP _____

Salon Phone _____ Fax Number _____

Salon Website _____

Salon E-mail Address _____

Salon Cosmetology License Number _____

How long have you owned your salon? _____

How many stations do you have in your salon? _____

How Many Employees do you have in your salon? _____

Do you have more than one location? _____

If yes, what is the address of the other location(s) _____

At which location(s) would the Hello Gorgeous! Experience be taking place?

Please circle the services the your salon/spa offers.

Haircuts

Manicures

Artificial Nails

Massage

Wig Styling

Hair Extensions

Hair color

Pedicures

Facials

Waxing

Hair Replacement

Perms

Other _____

Do you have liability insurance? _____

What is the name of your insurance carrier? _____

Are your stylists independent contractors, employees or a mix? _____

List the continuing education classes that you and or your staff have attended?

Why are you interested in the Hello Gorgeous! Salon Affiliate Program? _____

Why do you feel that your salon can provide the Hello Gorgeous! Experience?

(Use the back if necessary)

Please send this Application and a photo
of your Salon's exterior to:

Hello Gorgeous! of HOPE, Inc
1130 Altgeld Street
South Bend, IN 46614