

SALON & SPA PROFILE QUESTIONNAIRE

Please fill out and email (ahaumont@kopsaotte.com),
fax or mail back to me with your documentation.

SALON & SPA

1. Do you own or lease your building? Own Lease
Monthly payments _____
2. Are there any monthly fees associated with the lease?
Yes No Amount _____
3. Number of square feet of building? _____
4. What type of setting is your building in?
Strip Center
Free Standing Building
Enclosed Mall

5. How many rooms do you have dedicated to your spa?

6. Do you lease or own your equipment? Lease Own
Monthly payment _____

7. What services do you provide at the business?

- Hair cutting
- Hair coloring
- Style consulting
- Perms
- Manicures
- Nails
- Spa services
 - Massages
 - Waxing & Threading
 - Make-up application
 - Tanning

8. Do you pay utilities?

Utility	Amount
_____	_____
_____	_____
_____	_____
_____	_____

9. What are your business hours?

Monday	_____
Tuesday	_____
Wednesday	_____
Thursday	_____
Friday	_____
Saturday	_____
Sunday	_____

10. Is your salon & spa computerized? Yes No

11. What salon/spa software do you use? _____

12. Do you sell retail products? Yes No

13. Do you sell items other than hair products (Clothing, jewelry, etc.)? Yes No

14. Name the distributors that you deal with and how often their salespeople call on you?

Distributor	How Often
_____	_____
_____	_____
_____	_____
_____	_____

15. When was the last time you remodeled your salon?

16. Do you plan on expanding in the near future?
Yes No

STAFF

1. How many employees do you currently have?

Hair Stylists	_____
Assistant's	_____
Nail Technicians	_____
Spa Technicians	_____
Massage Therapist	_____
Receptionist	_____
Salon Manager	_____
Part-time staff	_____

2. How many people do you currently have booth renting?

Hair Stylists	_____
Nail Technicians	_____
Massage Therapist	_____
Spa Technicians	_____
Other	_____

3. How is your staff compensated?

Salary	\$_____
Commission	_____%
Hourly	\$_____
Team Based	
Hybrid	

4. Do your employees receive commission on retail?

Yes No

Define your plan _____

5. What type of fringe benefits are you providing?

6. What type of educational program do you provide?

7. What educational requirements do you have for your staff?

8. Do you have employee meetings? Yes No
How often? _____

9. Do you have a dress code? Yes No

10. How do you recruit new employees?

11. Describe your training program for new employees?

12. Describe your orientation program for new employees?

13. Do you have a business retreat with your staff?

Yes No

14. Do you have a mission statement? Yes No

If so, please attach

BUSINESS

1. Do you have a budget? Yes No

2. Do you have written business goals? Yes No

3. What form of business are you?

Sole proprietor

S Corporation

C Corporation

Limited Liability Company

Partnership

4. Do you review financial statements?

Monthly

Quarterly

Annually

5. Do you feel that you are utilizing all the tax advantages for your particular form of business? Yes No

6. Do you have a "business team" that you meet with on a regular basis? Please list.

	Name	How Often
CPA	_____	_____
Attorney	_____	_____
Banker	_____	_____
Financial Advisor	_____	_____

7. Do you do your own accounting or do you use an accounting firm? Do own Use accounting firm

8. Is your accounting on a computer? Yes No

9. Mac or PC or Online _____

10. What accounting software do you use? _____ **Version/ Year Of**



• Please provide user name _____

• Please provide password _____

11. Number of active clients that you have? _____

12. List your pricing structure?

13. What is the percentage of retail to services?

_____ %

14. What is your average mark up for retail products?

_____ %

15. Do you take credit cards? Yes No

16. Do you use a product charge? Yes No

If yes, please explain: _____

17. Do you use an ad agency? Yes No

18. Please list the ways you marketed your business last year?

Marketing	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

19. If you have booth rental, do you have signed leases?

Yes No

20. Do you have a non-compete covenant? Yes No

Personal

1. Your annual salary + bonus or commission? _____

2. Please check the box below if you or your spouse have the following:

<input type="checkbox"/> Simple IRA or SAR-SEP
<input type="checkbox"/> 401 (K) plan
<input type="checkbox"/> 403 (b) plan
<input type="checkbox"/> Flexible spending account: healthcare
<input type="checkbox"/> Flexible spending account: daycare
<input type="checkbox"/> Health Savings Account
<input type="checkbox"/> Unreimbursed employee business expenses

Name _____

Salon Name _____

Web address _____

Address _____

City, State Zip _____

Cell Phone Number _____

Best way to reach you:

Email

Work Phone

Cell Phone

Text

Comments: