

# Top 250 Salons Survey 2010

looking fit

The search is on for the 2010 Top 250 Salons in the United States. The information you provide is confidential and will be used to help us select the Top 250 Salons, which will be published in the February 2010 issue of Looking Fit. **To streamline the process, the survey can be filled out via our secure online entry site at [www.lookingfit.com/top250](http://www.lookingfit.com/top250).** If you prefer, fax a completed form to 480.281.6026. **Deadline for submission is Oct. 9, 2009.** Eligible salons must be in operation by the same owner for one full year by Oct. 9, 2009 to qualify for the listing. Questions or comments? Contact Rebecca Pray at 480.990.1101, ext. 1603.

**Log on to [www.lookingfit.com/top250](http://www.lookingfit.com/top250) to enter online.**

Salon Name _____	Owner Name(s) _____	Title(s) _____
Salon Address _____	City _____	State _____ ZIP _____
Mailing Address (if different from above) _____		
Salon Phone ( ) _____	Fax ( ) _____	
Web Address _____	E-mail _____	
Main contact and phone/cell number for verifying information during the judging process _____		

**The following answers will be kept confidential and are for statistical use only.**

For salons with more than one location: Please use information pertaining to your flagship location when responding to statistical questions. Statistical information for other locations may be asked during future rounds of judging. (Note: If you have locations in different states, please fill out a different survey for each state.)

- How many salons do you own? \_\_\_\_\_
- How many years have you been in business as the owner? \_\_\_\_\_
- Number of employees: \_\_\_\_\_ in season \_\_\_\_\_ off season
- Total number of units at EACH salon: \_\_\_\_\_  
 \_\_\_\_\_ UV tanning equipment \_\_\_\_\_ Sunless stand-up equipment
- Total number of each type of unit:  
 Up to 32 lamps: \_\_\_\_\_ 33-42 lamps: \_\_\_\_\_ 43-50 lamps: \_\_\_\_\_  
 51 lamps and higher: \_\_\_\_\_ High-Pressure only: \_\_\_\_\_  
 Leg tanners: \_\_\_\_\_ Sunless stand-up booths: \_\_\_\_\_  
 Airbrush/HVLP tanning: \_\_\_\_\_  
 (automatic)
- How many levels of tanning do you offer?  
 \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ more than 5
- Please check all of the services offered in your facility:  
 \_\_\_\_\_ Tanning \_\_\_\_\_ Sunless Stand-up Booth \_\_\_\_\_ Light Therapy  
 \_\_\_\_\_ Hydrotherapy \_\_\_\_\_ Airbrush/HVLP Tanning  
 \_\_\_\_\_ Day Spa Amenities \_\_\_\_\_ Nails  
 \_\_\_\_\_ Other (please specify) \_\_\_\_\_
- What retail products does your salon offer?  
 \_\_\_ Lotions \_\_\_ Swimwear/Activewear \_\_\_ Refreshments  
 \_\_\_ Nutritional Supplements \_\_\_ Other (please specify) \_\_\_\_\_
- Average tanning session price: \_\_\_\_\_ <\$5 \_\_\_\_\_ \$5-\$7 \_\_\_\_\_ >\$7
- Average number of tanners per day: \_\_\_\_\_ in season \_\_\_\_\_ off season
- Which month did your 2009 season begin?  
 \_\_\_ December \_\_\_ January \_\_\_ February \_\_\_ March \_\_\_ April
- Average monthly revenue: \_\_\_\_\_
- 2009 gross revenue: \_\_\_\_\_
- Average percent growth for 2009 over 2008: \_\_\_\_\_
- 2010 estimated gross revenue: \_\_\_\_\_
- Compared to 2008, 2009 salon traffic is: \_\_\_ up \_\_\_ down \_\_\_ same
- Percentage of monthly revenues from lotion sales:  
 \_\_\_ less than 10% \_\_\_\_\_ between 25%-30%  
 \_\_\_ between 10%-24% \_\_\_\_\_ more than 30%
- Do you pay employees commission on lotion sales: \_\_\_ yes \_\_\_ no
- Do you use salon management software? \_\_\_ yes \_\_\_ no
- Do you participate in ongoing education? \_\_\_ yes \_\_\_ no
- Do you provide educational material to clients? \_\_\_ yes \_\_\_ no
- Do you skin type your clients prior to initial exposure? \_\_\_ yes \_\_\_ no
- Do you require parental consent below a certain age?  
 \_\_\_ yes \_\_\_ no If yes, what age? \_\_\_\_\_
- What organizations do you belong to? (check all that apply)  
 \_\_\_ ITA \_\_\_ NTTI \_\_\_ SAE \_\_\_ ARTS \_\_\_ Smart Tan
- What certifications do you hold? (check all that apply)  
 \_\_\_ NTTI \_\_\_ SAE \_\_\_ Smart Tan \_\_\_ ATI
- Do you attend industry events, expos or symposiums? \_\_\_ yes \_\_\_ no
- Who is your primary distributor? \_\_\_\_\_
- Do you have liability insurance? \_\_\_ yes \_\_\_ no  
 If yes, with whom? \_\_\_\_\_
- Are you planning to expand your salon or open additional salons?  
 \_\_\_ no \_\_\_ yes, when? \_\_\_ 0-6 mos \_\_\_ 6-12 mos \_\_\_ more than 12 mos
- Are you involved in community activities? \_\_\_ yes \_\_\_ no  
 If yes, what activities: \_\_\_\_\_
- Have you had an article published in a trade publication or newspaper?  
 \_\_\_ yes \_\_\_ no If yes, which ones: \_\_\_\_\_
- Which of the following affected your overall 2009 business?  
 \_\_\_ Weather \_\_\_ Competition \_\_\_ Economy \_\_\_ Anti-tanning legislation  
 \_\_\_ Anti-tanning campaigns \_\_\_ Other (specify) \_\_\_\_\_
- Explain why you are one of the top salons in the U.S.: (attach) \_\_\_\_\_

Return by Fax to: 480.281.6026

**YES! I'd like to receive/continue to receive Looking Fit.**

Signature (required) \_\_\_\_\_ Date \_\_\_\_\_

**1. What is your company's primary type of business?** (circle only one)

- |                              |                                 |                          |
|------------------------------|---------------------------------|--------------------------|
| A. Tanning Salon             | G. Day Spa with Tanning         | L. Skin Care Clinic      |
| B. Health/Fitness Club       | H. Tanning Products Distributor | N. Manufacturer's Rep    |
| C. Manufacturer              | I. Nail Salon with Tanning      | D. Other (specify) _____ |
| E. Beauty Salon with Tanning | J. Pool and Spa Dealer          | Y. Advertiser/Agency     |
| F. Beauty Supply Distributor | K. Toning Salon                 |                          |

**2. What is your title?** (check only one)

- |                                       |                                       |
|---------------------------------------|---------------------------------------|
| A1 <input type="checkbox"/> Owner     | A4 <input type="checkbox"/> VP        |
| A2 <input type="checkbox"/> Partner   | A5 <input type="checkbox"/> Salon Mgr |
| A3 <input type="checkbox"/> President | A0 <input type="checkbox"/> Other     |