



Fax to 760-650-7383

Salon Spa Business Solutions “Owner Questionnaire”

Business Name _____

Business Owners Name: _____

Salon /Spa Address: _____

City _____ State _____ Zip _____

Business Phone: _____ Home Phone: _____ Cell: _____

E-mail: _____ Web Site _____

Number of years *owning* the Business: _____ What is your position or title? _____

How many service providers do you currently have? _____ How many Station? _____

Your pricing: (Please give details or attach menu)

Haircut \$ _____ Color \$ _____ Manicure \$ _____ Pedicure \$ _____ Facial \$ _____

Massage \$ _____ Waxing \$ _____ Other Services offered _____

Do you have tiered Pricing **Yes** _____ **No** _____

What is your compensation structure? **Yes** _____ **No** _____

Salary _____ Commission _____ (what % do you pay _____ %)

Rental \$ _____ (monthly station) # stations rented _____ # stations open _____

Do you pay commission on retail sales? YES _____ (If yes: what % _____ NO _____

What benefits that you currently provide:

Health Insurance - Vacation - Personal Days - Sick Days - 401K Plan - Profit Sharing

Education Reimbursement - Advancement Opportunities On-site training

What 3 areas of your business that you would like to improve.

1) _____

2) _____

3) _____

Financial Information



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Please provide the following figures for the last three months: Last 3 Months

<u>Service Total</u>	<u>Retail Total</u>	<u>Client Count</u>
\$ _____	\$ _____	_____
\$ _____	\$ _____	_____
\$ _____	\$ _____	_____

What have your yearly gross sales been for the past three years?

Last Year: \$ _____

Profits Last Year \$ _____

Did you take out a loan to open your business Yes ____ No ____

If so what do you currently owe \$ _____

What is your monthly payment \$ _____

Do you have Credit Card Debt? If so owe \$ _____ Monthly payment \$ _____

Please Print and fax/e-mail your most recent quarterly profit and loss statement.

Do you work behind the chair doing clients? ____ YES (If yes How many Hours) ____ NO

What is your Management Schedule? (Days and times you work ON the business?)

Do you currently market /advertise your business services? Yes ____ No ____

What is your monthly advertising budget? _____

Where are you advertising?

Print ads - Direct Mail Movie Theatres - Radio - Local Paper - Referral Cards - TV

Other (Please explain) _____

Do you track the results of your marketing and advertising? Yes ____ No ____

What method of tracking do you use for your business? (Please check appropriate item)

Computer - Manual Client Cards - Memory - No System

What software program are you currently using? _____

What form of client follow up are you doing? (Check the appropriate items)

Send Birthday cards - Send Reminder cards - Send Thank you cards - Email Promotions



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- Send Welcome cards - Newsletter - Send Holiday cards - Mail Promotions
- Confirm Appointments by phone - New Client Follow-up phone calls

What retail lines do you currently carry? What is the benefit each company brings to your business?

What systems do you currently have in place? (Check the appropriate items)

- Team Meetings - Monthly Plan and Reviews - Quarterly Reviews
- Written Front Desk Manual - Written Policies and Procedures - Handbook
- Confidentiality / Non Competition Agreement - Rental Agreement
- Recruiting Brochure/Plan Hiring Plan / Procedures Written Training Program
- Written 1 year Business Plan Written Job Descriptions

As an owner/manager what I do well is?

1. _____
2. _____
3. _____

As an owner/manager what I need to improve upon is?

1. _____
2. _____
3. _____

Is there anything else you would like to communicate about you, your company or your team that may help me in understanding your needs?
