



1630-A Old Bainbridge Road
Tallahassee FL 32303

(850) 575-0921
(850) 575-4964 (Fax)

RMU Application

Important: A completed application is required for all potential cart/kiosk locations. All information supplied will be kept strictly confidential. The information provided is not to be considered in any way a commitment to enter into any Agreement with Spa Concepts, Inc. Applicants with multiple cart/kiosk locations should submit single application. Incomplete applications will be returned.

Note: Resale of our products at any location without approval is strictly prohibited and may result in termination. Making false statements on the application will disqualify any operator from doing business with Spa Concepts, Inc.

Applicant Name : _____ Email Address: _____

Business Name : _____

Social Security #: _____ Federal Tax ID #: _____ Yrs in Business: ____

Business Address: _____

Home Address: _____

Business Phone: _____ Home Phone: _____ Cell Phone _____

Have you done any Cart Concept(s) in the Past? ____ Yes ____ No

*If Yes, please fill in this section, listing most recent first:

1. Dates:_____ Mall Name:_____ Concept:_____

2. Dates:_____ Mall Name:_____ Concept:_____

3. Dates:_____ Mall Name:_____ Concept:_____

Do You Currently Carry Candles? ____ Yes ____ No

Please List Current Candle Lines: _____

Do You Currently Carry Bath Products? ____ Yes ____ No

Please List Current Bath Lines: _____

List three references: (Business Only)

Name _____ Phone _____

1. _____

2. _____

3. _____

List the information for each center in which you want to carry Spa Concepts, Inc.:

1. Mall Name _____ City, State _____

Planned Start-up Date _____ Property Company _____

Specialty Leasing Agent _____ Phone _____

2. Mall Name _____ City, State _____

Planned Start-up Date _____ Property Company _____

Specialty Leasing Agent _____ Phone _____

3. Mall Name _____ City, State _____

Planned Start-up Date _____ Property Company _____

Specialty Leasing Agent _____ Phone _____

How many hours per week do you plan to be at your cart(s) yourself? _____

Would you like free consultation from us on your business plan? _____

Briefly describe why you think you can be a successful cart operator:

Your signature _____

Date _____