

# Licensing Information



Thank you for your interest in becoming a Body Sculpting™ Fitness Program Licensee. We are looking for committed, creative and enthusiastic fitness professionals to help expand our award-winning exercise programs throughout the United States. Please review our Frequently Asked Questions section that provides thorough information about purchasing our fitness program licenses. After reviewing this information, if you would like to further explore how to become a licensee, please complete the online License Application, and either fax it or send it to the contact information below. Our staff will review this application and will contact you to schedule a telephone interview.

Send to:

Body Sculpting, Inc.  
P.O. Box 637  
Hudson, OH 44236

Fax to:

330-562-2619

# License Application



## Personal Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ email \_\_\_\_\_

Company or Facility Name \_\_\_\_\_ Years in Business \_\_\_\_\_

## License Information

License will be purchased for:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Individual        | <input type="checkbox"/> Wellness Center  | <input type="checkbox"/> Health Club                |
| <input type="checkbox"/> Recreation Center | <input type="checkbox"/> Senior Center    | <input type="checkbox"/> University/College         |
| <input type="checkbox"/> Retirement Center | <input type="checkbox"/> Hospital         | <input type="checkbox"/> Country Club/Driving Range |
| <input type="checkbox"/> Dance Studio      | <input type="checkbox"/> Church/Synagogue | <input type="checkbox"/> Other _____                |

Program(s) you are interested in purchasing

- |  |   |
|--|---|
| <input type="checkbox"/> Flex Express® (Body Sculpting™) | <input type="checkbox"/> Phenomenal Abdominals® |
| <input type="checkbox"/> Golf-Fit®                       | <input type="checkbox"/> Back-Fit® with Pilates |
| <input type="checkbox"/> Teen-Fit®                       | <input type="checkbox"/> Just Legs®             |
| <input type="checkbox"/> Geri-Fit® (for older adults)    | <input type="checkbox"/> Stretch This®          |

Facility where classes will be held \_\_\_\_\_

At how many locations are you planning to teach class? \_\_\_\_\_

In which cities, townships or counties do you wish to offer class? \_\_\_\_\_

When are you planning to begin class? \_\_\_\_\_

Will you be the instructor?  Yes  No

## General Information

How did you hear about Body Sculpting™? \_\_\_\_\_

Have you ever taken Body Sculpting™ before?  Yes  No

If yes, where and when? \_\_\_\_\_

Have you ever owned your own business or franchise?  Yes  No

Please share any training or background experience relevant to becoming a Body Sculpting™ licensee: \_\_\_\_\_  
\_\_\_\_\_

Training, Certifications or Licenses (PT, OT, Instructor, etc.): \_\_\_\_\_  
\_\_\_\_\_

List any hobbies, community activities, special interests or other relevant information:  
\_\_\_\_\_  
\_\_\_\_\_

## Background Information

Of which country are you a citizen? \_\_\_\_\_

Have you ever been convicted of anything other than a minor traffic violation?  Yes  No

Has any judgement ever been entered against you, your company or your employer where you were one of the litigants?  Yes  No

Are you involved in a pending litigation?  Yes  No

Have you or your spouse ever declared personal bankruptcy?  Yes  No

If you answered yes to any of the above questions, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## References

Please list three references, excluding employers and relatives.

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Name	Address	Phone	Years Known
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Name	Address	Phone	Years Known
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Name	Address	Phone	Years Known
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Please complete the following statement: *I am confident I can be a successful Body Sculpting™ Program Licensee because* \_\_\_\_\_

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Comments or Questions: \_\_\_\_\_

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## Acknowledgement

By submitting this application, you hereby agree to these terms: I acknowledge the information in the application to be true and correct. I understand that this application is in no way binding to the applicant. I understand that this information will be used to assess the suitability and qualifications of the applicant. I also understand that any information I may receive from Exterior Designs, Inc.® is confidential and may not be used or shared without the consent of Exterior Designs, Inc.®

Sign: \_\_\_\_\_ Date: \_\_\_\_\_