

freedom SALON STATISTICS



Prepared by _____ Date Collected _____

Salon Name _____

Contact Name _____

Email _____ Phone _____

Address _____
STREET CITY ST ZIP

Building Size _____
SQUARE FEET

Social Handles
FACEBOOK INSTA SNAP
TIKTOK PINTEREST OTHER

Website _____

Software System YES NO IF YES, WHAT SYSTEM? _____

Salon Type HAIR SALON SALON & SPA FULL SERVICE SPA

Business Model BLENDED SALON SUITE SALON COMMISSION SALON INDEPENDENT SALON

Profit Centers
NUMBER OF STYLING CHAIRS NUMBER OF TREATMENT ROOMS
NUMBER OF PEDICURE STATIONS NUMBER OF MANICURE TABLES

Primary Color Brand _____

Account Number with Primary Distributor _____

MONTHLY SALES

Avg. Service Sales/Month _____ Avg. Pre-Booked Guests/Month _____
Avg. Retail Sales/Month _____ Avg. New Guests/Month _____
Avg. Color Guests/Month _____ Avg. Gift Card Sales/Month _____
Total Guest Count/Month _____ Service Providers _____
FULL TIME PART TIME

MONTHLY EXPENSES

Avg. Management Wage _____ Avg. Rent _____
Avg. Service Provider Wage _____ Avg. Debt Payment _____
Avg. Assoc./Assistant Wage _____
Avg. Inventory _____