



# Premier Salon Suites

## Leasing Application

### PERSONAL DATA

Name			
Last		First	Middle [or Maiden Name]
Address			
Street		City	State Zip Code
Previous Address if less than 2 yrs.			
Street		City	State Zip Code
Phone ( )		Social Security	Date of Birth
Business Name		Cellular No.	Cosmetology License #
Federal Tax ID No.		Email Address	
Referred By			
<b>Educational History</b> (Circle all that apply): High School College/University Graduate School Vocational/Technical School			
<b>Lease Payment Option:</b> "Weekly" Draft from Business Checking Acct.			

### WORK HISTORY

Salon or Employer Name and Address	Dates Employed	<b>NOTE: Proof of income is required.</b>
<b>1</b>	From:	Name of Last Salon Owner or Supervisor:
	To:	May I Contact? Phone Number:
	Booth Rent Or Commission? Weekly Booth Rent? Commission Pay?	
	What is your annual Salary?	
<b>2</b>	From:	Name of Last Salon Owner or Supervisor:
	To:	May I Contact? Phone Number:
	Booth Rent Or Commission? Weekly Booth Rent? Commission Pay?	
	What was your annual Salary?	
<b>3</b>	From:	Name of Last Salon Owner or Supervisor:
	To:	May I Contact? Phone Number:
	Booth Rent Or Commission? Weekly Booth Rent? Commission Pay?	
	What was your annual Salary?	

### SERVICES

What services do you provide?

- Styling   
  Cutting   
  Corrective Color   
  Color   
  Highlighting  
 Extensions   
 Texturizing   
 Keratin Treatments   
 Hair removal

Nail Tech services provided:

- Manicures   
 Pedicures   
 Nail Enhancements   
 Parafin Wax

**SPECIAL STUDIO REQUIREMENTS:** \_\_\_\_\_

Thank you for seeking tenancy with Premier Salon Suites. All qualified applicants over 18 years old are considered regardless of race, creed, color, sex, religion, national origin, age, disability and any other reason protected by law.

**TYPE OF STUDIO APPLYING FOR:** Cosmetology Esthetician Nail/Pedicure Barber

STANDARD STANDARD DELUXE EURO DELUXE DOUBLE NAIL

**Desired Date to begin lease:** \_\_\_\_\_

**In the past seven years:** Have you been convicted of or plead guilty to any criminal felony offense? Yes No

Have you been released from confinement following a conviction for any criminal felony offences? Yes No

Are you presently charged with any felony violations of law?  Yes No

If your response to any of the preceding three questions was a **YES:** give the date, place and nature of each such conviction or pending charge. (The existence of a conviction or pending charge will not necessarily preclude you from employment. The nature of the crime and its relationship to the position applied for, the degree of rehabilitation and the time elapsed since the crime or release from confinement will all be considered.)

(Explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROFESSIONAL REFERENCES**

Name	Phone

**EMERGENCY CONTACT:**

Name \_\_\_\_\_ Phone# \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_ Relationship \_\_\_\_\_

**TENANT CHECK LIST:**

- Operators License (Cosmetology, Nail, Barber)
- Fed Tax ID #
- Articles of Inc. (If Corp. or LLC)

**ACKNOWLEDGMENT AND CONSENT STATEMENT**

I hereby state that the information given by me in this application is true in all respects. I agree that if I am accepted for leasing and the information is found to be false in any respect, I will be subject to dismissal without notice at any time. I hereby authorize my former employers or salon owners to release information pertaining to my work record, my work habits and my work performance while in their employ or salon. I will read and abide by the rules outlined in any procedures manual that I may receive.

\_\_\_\_\_  
**Applicants Signature** **Date**