



Salon Industry 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 Number _____	Federal Tax ID No. _____	
Email Address _____	Referred By _____	
Educational History (Circle all that apply): High School College/University Graduate School Vocational/Technical School		
Lease Payment Option: " Weekly " Monthly " Draft from Business Checking Acct.		

WORK HISTORY

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

[over]



Salon Industry Suites

Thank you for seeking tenancy with Salon Industry 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 SUITE APPLYING FOR: _____ **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 **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	Address	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.

I understand and agree that, if I am accepted for leasing by Salon Industry Suites, my lease will be for a duration of one year. After such time, the right to terminate the lease by either party can be granted.

Applicant's Signature

Date