



SALON STUDIOS

LEASE APPLICATION

Date: _____

PERSONAL INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

Primary Phone: (_____) _____ Cell Phone: (_____) _____

Email Address: _____

Drivers License # (Photo copy): _____ D.L. State: _____

Social Security Number: _____ - _____ - _____ Sex: M F Date of Birth: _____
(Circle One)

Home Phone: (_____) _____

Residence Address: _____ City: _____ State: _____ Zip Code: _____

Own / Rent (Circle One) your residence?

If rent, please provide the following:

Landlord's name: _____

Landlord's phone number: _____

Business/Personal Reference: _____ Phone: (_____) _____
(Circle One)

Have you been declared bankrupt in the past 7 years? Yes No

If yes, where? _____ Year: _____

Are there any unsatisfied judgments against you? Yes No

If yes, to Whom owed? _____ Amount (\$): _____

Have you been convicted of a felony in the past 10 years? Yes No

If yes, where? _____ Year: _____

Emergency Contact: _____ Phone: (_____) _____

LICENSE INFORMATION

Please fill out the most applicable section for your profession. **ONLY** fill out Section 1, 2 or 3.

SECTION 1	Arizona Board of Barbering and Cosmetology --- Individual License
Type of License: <input type="checkbox"/> Cosmetologist <input type="checkbox"/> Barber <input type="checkbox"/> Electrologist <input type="checkbox"/> Manicurist <input type="checkbox"/> Esthetician	
License Number: _____ City: _____ State: _____	

SECTION 2 (Massage Therapists Only)	Arizona Board of Massage Therapy (ABMT)
Type of License: <input type="checkbox"/> Certified Massage Therapist (CMT) <input type="checkbox"/>	
License Number: _____ City: _____ State: _____	

SECTION 3	All other licensees or users
Explain Use of Premises: _____	
Does your service require a professional license? Yes / No If YES , please provide the following: (Circle One)	
Organization/Entity Issuing License: _____	
Contact Information of Organization: _____	
License Number: _____ City: _____ State: _____	

Applicant's Business Name: _____
Professional License #: _____ State: _____ Renewal Date: _____
Independent Contractor's License # (if applicable): _____
Do you have General Liability Insurance: Yes _____ No _____
If yes: Insurance Co. Name: _____ Policy #: _____ Expiration date: _____

Desired private salon suite #: _____ Desired date of Occupancy: _____ 201__.
Hours planned for working in the salon per week: _____

ABOUT YOUR CLIENTAL:

- 1. Average age and gender of your clientele: _____
- 2. Average price of service per client: _____
- 3. Type of services you provide and/or specialize in: _____
- 4. General comments: _____

Applicant Signature: _____ Date: _____

PROFESSIONAL EXPERIENCE - Present:

Type of Employment and/or rental history: Salary - Commissioned - Leased Booth / Suite
(Circle those that apply)

Salon Name: _____

Date worked: From _____ To _____

Address _____ City _____ State _____ Zip _____

Telephone: _____ Contact Person _____

Is there any reason we shouldn't contact this person Yes ___ No ___

Explain: _____

PROFESSIONAL EXPERIENCE - Previous:

1. Type of Employment and/or rental history: Salary - Commissioned - Leased Booth / Suite
(Circle those that apply)

Salon Name: _____

Date worked: From _____ To _____

Address _____ City _____ State _____ Zip _____

Telephone: _____ Contact Person _____

Is there any reason we shouldn't contact this person Yes ___ No ___

Explain: _____

2. Type of Employment and/or rental history: Salary - Commissioned - Leased Booth / Suite
(Circle those that apply)

Salon Name: _____

Date worked: From _____ To _____

Address _____ City _____ State _____ Zip _____

Telephone: _____ Contact Person _____

Is there any reason we shouldn't contact this person Yes ___ No ___

Explain: _____

Reason(s) for leasing a suite at Belle Vie Salon: _____

How did you hear about Belle Vie Salon / Who referred you: _____

The representations of fact contained in this lease application are considered part of the lease and are true and correct. If any information herein contained is discovered to be false or misleading, the lease made on the strength of this application may, at the option of the Landlord, be terminated at any time.

Additionally, the undersigned hereby grants Landlord and/or its representatives/agents authorization at Landlord's discretion the option to order a credit & background reports and agrees to pay \$39.00 for each report ordered whether or not a lease agreement is executed. (Please make the check payable to _____)

Applicant Signature: _____ Date: _____