

Salon Suite Rental Application

Applicant Information:

- Full Name: _____
- Date of Birth: _____
- Phone Number: _____
- Email Address: _____
- Home Address: _____
- City, State, ZIP: _____

Business Information:

- Business Name: _____
- Business Website/Social Media: _____
- Profession (e.g., Hairstylist, Barber, Esthetician): _____
- Years of Experience: _____
- License Number: _____
- License Expiration Date: _____

Salon Suite Preferences:

- Preferred Move-In Date: _____
- Desired Suite Size: _____
- Special Requests: _____

References (Optional):

- Business or Landlord References: _____

- Contact Information for References: _____

Agreement & Signature: I confirm that all information provided is accurate to the best of my knowledge. I understand that submitting this application does not guarantee approval.

Signature: _____ Date: _____

Background Check Authorization Form

Applicant Information:

- Full Name: _____
- Date of Birth: _____
- Social Security Number: _____
- Driver's License/State ID Number: _____
- Current Address: _____
- City, State, ZIP: _____

Authorization Statement: I, _____ (applicant's name), authorize Concept Salon Suites to conduct a background check, including but not limited to criminal records, rental history, and business verification. I understand that this information will be used solely for the purpose of determining my eligibility for renting a salon suite.

I release Concept Salon Suites and any related entities from any liability in connection with the retrieval and use of this information.

Signature: _____ Date: _____

For Office Use Only:

- Application Received: _____
- Background Check Completed: _____
- Approved/Denied: _____
- Notes: _____