LC Suites, LLC · Salon Suite Application

Suites for Salon & Spa Professionals

7000 Caton Farm Rd. Suite K

Plainfield, IL 60586

LCSuites.com

NOTE: This is not a leasing agreement, as it is an application to be considered for a salon suite. Upon approval, you will then complete the lease agreement.

Date of Application:		_			
Applicant's Informa	<u>tion</u>				
Name:					
Address:					
City:		State:	Zip:		
Cell Phone:	Business Phone:				
Business Name:					
Email:					
Date of Birth:	Driver's License:			St	ate Issued:
License Information					
Type of License (che	ck all that app	oly): Cosme	tologist_	Barber	
Massage Therapist_	Estheticia	n Lasl	n Tech	Nail Tech	Other
Graduating School N	ame:				
City:	_ State:	Graduation	ı Year:		
If Dual Licensed:					
Graduating School N	ame:				
City:	_ State:	Graduation	Year:		
Professional License	Number(s):				
Renewal Date(s):		_			
Liability Insurance Co	ompany:				

List any advanced training courses you have taken regarding your professional career that are within your scope of practice and covered by your liability insurance:					
Professional Experience					
Type of Employment (check all that apply): Salary Commissioned Leased Space					
Salon/Spa Name (they will not be contacted):					
City: State:					
Time Employed:Years Months					
Suite Requests					
Desired Date of Occupancy:					
Please circle yes or no:					
Will you need access to a sink? Yes / No					
Will you need access to a shampoo station? Yes / No					
Will you be sharing this space with another licensed professional? Yes / No					
Note that these questions do not impact the approval of this application.					

Please submit completed application to Owner@LCSuites.com

We will be sure to contact you within the next 48 hours with more information regarding your interest in a suite rental.