



## Licensee Application

APPLICANT INFORMATION			
Last Name:	First:	DOB:	
Street Address:		Apartment/Unit #:	
City:	State:	ZIP:	
Home Phone:		Mobile Phone:	
Email Address:	Social Security No:	Drivers License#:	
Vehicle Information:	Car Make:	Car Model:	License Plate#:

PROFESSIONAL INFORMATION			
Current Salon/Spa:		Address:	
Issue Date License:	<input type="checkbox"/> Stylist <input type="checkbox"/> Nail Tech <input type="checkbox"/> Massage <input type="checkbox"/> Esthetician <i>(Circle)</i>	License#:	
<input type="checkbox"/> Commission <input type="checkbox"/> Booth Renter <input type="checkbox"/> Salon Owner <i>(Circle)</i>	Booth Rent Rate:	Avg. Weekly Income:	

SUITE RESERVATION INFORMATION	
Desired Suite:	<input type="checkbox"/> Grande Single <input type="checkbox"/> Deluxe Single <input type="checkbox"/> Double <i>(Circle)</i>
Move-In-Date:	Suite #:
	Lease Deposit:

EMERGENCY CONTACT INFORMATION			
Last Name:	First:	Relationship:	
Home Phone:		Mobile Phone:	

DISCLAIMER AND SIGNATURE	
<p>I certify that my answers are true and complete to the best of my knowledge. The Security Deposit shall reserve the designated suite and be applied towards the executed license agreement. It is understood that this suite reservation shall be legally binding by Licensor and Licensee, until its term and conditions are incorporated into the License Agreement executed by both parties, with the following exceptions. In the event Licensee does not qualify for a salon suite, the security deposit shall be promptly refunded.</p>	
Signature:	Date: