



Application form

Personal information

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

How long at current address? _____ Do you currently: rent own

If less than 5 years, state previous address: _____

City: _____ State: _____ ZIP: _____

Day phone: _____ Night phone: _____

Cell phone: _____

Email address: _____

Social Security number: _____ Date of birth: _____

Have you ever been convicted of a felony? yes no

If yes, please explain: _____

Spouse's name: _____ Spouse's employer: _____

Professional information

Type of license: Cosmetology Barber Manicurist Esthetician Massage Therapist

Other _____

License number: _____ Date license first issued: _____

Is your license valid in North Carolina? yes no Do you have an existing customer base? yes no

Will you depend on walk-in customers? yes no If no, will you take walk-in customers? yes no

What beauty school did you attend? _____ How many years' experience? _____

Are you an independent contractor? yes no Commissioned employee? yes no

Have you ever been a salon owner? yes no If yes, where? _____

Have you ever managed a salon? yes no If yes, where? _____

What professional services will you be offering? _____

continued



Beauty profession employment history

Current: _____	Length of employment: _____
Previous: _____	Length of employment: _____
Previous: _____	Length of employment: _____
Previous: _____	Length of employment: _____

What is your idea of a good day at work?

*Please include what days and hours a week you anticipate working in your suite.

Business information

Your business name: _____	Your business tax ID: _____
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References

Bank information

Name: _____	Branch: _____
Contact person: _____	Phone number: _____
Checking account number: _____	
Savings account number: _____	

Beauty supply references

Company name: _____	Company name: _____
Contact: _____	Contact: _____
Phone number: _____	Phone number: _____

Business reference

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Phone number: _____	Phone number: _____

continued



Marketing

Do you have an existing business website? yes no

If yes, what is it? _____

How did you learn about Suite Nectar Salons? _____

Disclosure

The representations of fact contained in this suite lease application are considered part of the lease and are true and accurate to the best of your knowledge. 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 Suite Nectar Salons, LLC, be terminated at any time. Suite Nectar Salons, LLC often obtains Credit Reports of applicants seeking to lease a suite. Your consent is hereby given to Suite Nectar Salons, LLC as represented by the undersigned to examine your credit history by performing an investigation where you have established credit. Receipt of this Agreement and Disclosure are hereby acknowledged.

Signature: _____ Date: _____

Suite preferences

Indicate order by listing suite 1. _____ 2. _____ 3. _____

Notes: _____

Mail or email completed application to:
Suite Nectar Salons, LLC
602 E. Morehead St., Charlotte, NC 28202
info@suitenectarsalons.com