

ONE SALON SUITES

APPLICATION FOR LEASE

NAME REFERRED BY:

ADDRESS

CITY PROV. POSTAL CODE

EMAIL CONTACT #

PERSONAL INFORMATION

DATE OF BIRTH S.I.N #

PROFESSION SCHOOL ATTENDED

GRADUATION DATE PROFESSIONAL LICENSE #

INCOME/REVENUE (If you have been self employed for LESS THAN 2 years, please fill out the Employee portion as well)

EMPLOYEE

TOTAL SALES for last two years and year to date. (If you do not have access to your sales figures, please let me know)

20__ **20__** **20__**

TOTAL INCOME and last two years and year to date.

20__ **20__** **20__**

What is your commission rate or hourly wage?

How many hours do you work per week?

SELF EMPLOYED

TOTAL SALES for last two years and year to date. (If you do not have access to your sales figures, please let me know)

20__ **20__** **20__**

TOTAL INCOME and last two years and year to date.

20__ **20__** **20__**

What is your commission rate or hourly wage?

How many hours do you work per week?

- Background Check Consent:** If applicable, consent to perform a background check
- In the past 7 years have you been convicted of or plead guilty to any criminal offense?
- In the past 7 years have you been released from confinement following a conviction of any criminal offenses
- Are you presently charged with any felony violations by law
- Have you ever claimed bankruptcy?

Please explain:

If your response is YES, to any of the proceeding questions, please give a date, place and nature of each such conviction or pending charge.
 (The existence of a conviction or pending charge will not necessarily preclude you from renting a suite.
 The nature of the crime and its relationship to the position applied for, the degree of rehabilitation and time elapsed since the crime or release from confinement will be considered.

TYPE OF BUSINESS: Desired possession date:

(hair stylist, esthetics, massage etc;)

Type of Suite applying for: Location applying for:

(large interior, double window etc;)

BUSINESS NAME: Will you have employees?

(if you have one)

Business Number :

(if you already have a business license)

PLEASE NOTE:

All information shared on this application is and will remain private and confidential.
 A security deposit equal to two weeks rent as well as last weeks rent, is due upon signing of the formal lease.

ACKNOWLEDGMENT AND CONSENT

I hereby state that information given by me in this application is true in all respects. I agree that if I am accepted for leasing and the information is found to be false in any respect, I will be subject to dismissal with notice, at any time. I agree that I will also forfeit all deposits on file.

One Salon Suites reserves the right to reasonably refuse or dismiss any application: without cause.

WE ARE NOT EMPLOYER'S. You will be solely responsible for filing and submitting your own business taxes, purchasing, managing, minor maintenance and stocking your own inventory

 Signature

 Date

*** Please email completed application to info@onesalonsuites.com**