

Ebonee Eyes Salon Suites

Lease Application Form

Applicant Information

Full Name: _____
Business Name (if applicable): _____
Phone Number: _____
Email Address: _____
Current Address: _____
City, State, Zip: _____

Professional Information

Type of Beauty Service: _____
Do you hold a valid professional license (if required)? Yes ☐ No ☐
License Type & Number (if applicable): _____
Years of Experience: _____
Current Place of Business (if any): _____

Suite Preferences

Preferred Move-In Date: _____
Desired Suite Size: Small ☐ Medium ☐ Large ☐ No Preference ☐

Deposit Terms & Acknowledgment

A \$250 deposit is required to secure a salon suite.

- Deposit is NON-REFUNDABLE if applicant decides not to move in.
- Deposit is REFUNDABLE upon move-out if all lease terms are met.

Initials:

- ____ Deposit required to secure suite
____ Non-refundable if I do not move in
____ Refundable upon move-out if lease terms are met
____ All utilities included
____ First two weeks free upon move-in
____ Submission does not guarantee approval

Emergency Contact

Name: _____
Relationship: _____
Phone Number: _____

Applicant Agreement

I certify that all information provided is true and accurate. Approval is at the discretion of Ebonee Eyes Salon Suites.

Applicant Signature: _____ Date: _____