

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: _____