

**Lease Space Application**



Vivid Salon Suites  
3595 Canton Road, Ste 334  
Marietta, Georgia 30066

Thank you for your interest in salon space at Vivid Salon Suites - Marietta. All applicants must be at least 18 years of age and will be considered based on qualifications regardless of age, race, color, creed, gender, sexual orientation or disability or any other reason protected by law.

**Applicant information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Birth date: \_\_\_\_\_

Number of Suite Applying for: \_\_\_\_\_

Services to be performed: \_\_\_\_\_

How many years have you practiced your trade? \_\_\_\_\_

Desired Date of Lease: \_\_\_\_\_

**In the past seven years:**

Have you been disciplined by any State or Local Agency?

YES      NO

Have you been convicted of or plead guilty to any criminal or felony offense?

YES      NO

Are you presently charged with any felony violations of law?

YES      NO

If your answer is YES to any of the preceding questions, please provide details on the reverse to include the date, place and nature of each such conviction(s) or pending charge(s)

**Personal references (Non-family):**

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relation to applicant: \_\_\_\_\_ Relation to applicant: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Tenant Checklist:**

Type of License held: \_\_\_\_\_  
License Number: \_\_\_\_\_  
License expiration: \_\_\_\_\_  
Federal Tax ID#: \_\_\_\_\_  
Resale Number: \_\_\_\_\_  
Resale expiration: \_\_\_\_\_  
Drivers License/ID: \_\_\_\_\_  
Liability insurance certificate: \_\_\_\_\_

Check one: Corporation "" LLC "Sole Proprietor

**ACKNOWLEDGMENT AND CONSENT STATEMENT**

I hereby state that the information given by me in this application is true and correct in all respects. I agree that if I am accepted for leasing and the information is found to be false in any respect, my lease may be terminated without notice at any time. I hereby authorize my former employers or salon owners to release information pertaining to my work record, my work habits, and my work performance while in their employ or salon. I hereby authorize Vivid Salon Suites, LLC to obtain my credit report. I will read and I hereby agree to be bound by the rules outlined in any procedure manuals, lease documents, rules, and regulations publications that I may receive.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date