THE BEAUTY SOCIAL CLUB

Booth & Suite Rental Application

Thank you for your interest in becoming part of The Beauty Social Club. Please complete this application in its entirety. Submission of this application does not guarantee acceptance.

APPLICANT INFORMATION

Full Name: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

Home Address: _____

PROFESSIONAL INFORMATION

☐ Hair Stylist ☐ Barber

☐ Esthetician ☐ Nail Technician

☐ Lash Artist ☐ Brow Artist

☐ Makeup Artist ☐ Massage Therapist

☐ Permanent Makeup Artist ☐ Tattoo Artist

☐ Other: _____

Business Name (if applicable): _____

LLC Name (if applicable): _____

State Licensed In: _____

License Number: _____

License Expiration Date: _____

Years in the Industry: _____

CURRENT BUSINESS

Current Salon/Suite: _____

How long have you worked there?: _____

Current Employment Status:

☐ Booth Rent ☐ Suite Rent ☐ Commission

☐ Salon Owner ☐ Mobile ☐ Other:

_____

Instagram: _____

Facebook: _____

TikTok: _____

Website/Booking Link: _____

BUSINESS INFORMATION

Do you currently have business liability insurance? ☐ Yes ☐ No

Insurance Company: _____

Approximately how many clients do you see each week?

☐ 0-10 ☐ 11-20 ☐ 21-30 ☐ 31-40 ☐ 40+

Are you currently accepting new clients? ☐ Yes ☐ No

Average weekly business hours: _____

RENTAL INTEREST

I am interested in: ☐ Open Booth ☐ Private Suite

Preferred Move-In Date: _____

Expected Schedule: ☐ Full-Time ☐ Part-Time

Days You Plan to Work: _____

Do you require any special accommodations, plumbing, electrical, or equipment?

_____

_____

SERVICES OFFERED

Please check all services you currently provide.

☐ Haircuts ☐ Hair Color ☐ Blonding

☐ Extensions ☐ Styling ☐ Treatments

☐ Texture Services ☐ Nails ☐ Pedicures

☐ Lash Extensions ☐ Brows ☐ Waxing

☐ Facials ☐ Chemical Peels ☐ Dermaplaning

☐ Spray Tanning ☐ Massage ☐ Makeup

☐ Permanent Makeup ☐ Tattooing ☐ Other: _____

EQUIPMENT

Will you provide your own equipment? ☐ Yes ☐ No

Please list any large equipment you plan to bring.

_____

_____

_____

RENTAL HISTORY

Current Salon: _____

Length of Time There: _____

Reason for Leaving: _____

Previous Salon (if applicable): _____

Length of Time There: _____

Reason for Leaving: _____

Have you ever been asked to leave a salon? ☐ Yes ☐ No

If yes, please explain:

_____

Have you ever broken a salon lease or rental agreement? ☐ Yes ☐ No

If yes, please explain:

_____

Have you ever been evicted from a commercial or residential rental property? ☐ Yes ☐ No

If yes, please explain:

_____

Have you ever been more than 30 days late on rent? ☐ Yes ☐ No

If yes, please explain:

_____

Are you currently under a rental agreement? ☐ Yes ☐ No

If yes, when does it end?: _____

PROFESSIONAL REFERENCES

Reference #1

Name: _____

Relationship: _____

Business: _____

Phone: _____

Email: _____

Years Known: _____

Reference #2

Name: _____

Relationship: _____

Business: _____

Phone: _____

Email: _____

Years Known: _____

Reference #3 (Optional)

Name: _____

Relationship: _____

Business: _____

Phone: _____

Email: _____

Years Known: _____

EMERGENCY CONTACT

Name: _____

Relationship: _____

Phone: _____

Email: _____

ADDITIONAL INFORMATION

Is there anything else you would like us to know?

_____

_____

_____

_____

APPLICANT AGREEMENT

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that submitting this application does not guarantee acceptance as a renter at The Beauty Social Club. I authorize The Beauty Social Club to verify the information provided, including contacting my references and confirming licensing or insurance information when applicable.

If accepted, I agree to comply with all salon policies, maintain any required licenses and insurance, keep my workspace clean and professional, and contribute to a respectful environment for fellow beauty professionals and clients.

Applicant Signature: _____

Printed Name: _____

Date: ______________________________