



**SUITE RENTAL APPLICATION**

**APPLICANT**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Social Security: \_\_\_\_\_ NC Drivers License Number: \_\_\_\_\_

**EMPLOYMENT**

Current or Recent Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_

May we contact your employer?  Yes  No

If yes, provide contact name: \_\_\_\_\_

**LICENSE INFORMATION**

Type of License:  Cosmetology  Barber  Manicurist  Esthetician  Massage Therapist

NC Cosmetology License Number: \_\_\_\_\_ Number of years experience: \_\_\_\_\_

Do you have an existing customer base?  Yes  No

Will you depend on walk in customers?  Yes  No

If no, will you take walk in customers?  Yes  No

What type of studio are you seeking to rent? \_\_\_\_\_

What days and hours a week do you anticipate working in your studio?  
\_\_\_\_\_

**REFERENCES**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ How long have you known this reference? \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ How long have you known this reference? \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ How long have you known this reference? \_\_\_\_\_

**BUSINESS INFORMATION**

Your Business Name: \_\_\_\_\_

Your Business TAX ID: \_\_\_\_\_

How did you learn about Rochelle Salon Suites, LLC? \_\_\_\_\_

\_\_\_\_\_

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**The representations of fact contained in this suite rental application are considered part of the lease and are true and accurate to the best of your knowledge. If any information herein contained is discovered to be false or misleading, the lease made on the strength of this application may, at the option of the Rochelle Salon Suites LLC, be terminated at any time.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mail or Email completed application to:**

**Rochelle Salon Suites, LLC  
8929 JM Keynes Dr, Suite 40  
Charlotte, NC 28262  
[rochellesalonsuites@yahoo.com](mailto:rochellesalonsuites@yahoo.com)**



**APPLICATION RELEASE FORM**

I hereby authorize any person, educational institution, or company I have listed as a reference on my suite rental application to disclose in good faith any information they may have regarding my qualifications and fitness for tenancy. I will hold Rochelle Salon Suites LLC, any former employers, educational institutions, and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the tenancy process.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_