

# SUITE APPLICATION FORM

## NV BEAUTY SOCIÉTÉ SUITES

This application is required for all beauty professionals interested in leasing a suite at NV Beauty Société Suites.

### ***APPLICANT INFORMATION***

Full Name: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Social Media / Website: \_\_\_\_\_

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

### ***BUSINESS DETAILS***

Type of Services Provided: \_\_\_\_\_

Professional License Number (if applicable): \_\_\_\_\_

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

Years of Experience: \_\_\_\_\_

Current Workplace (if any): \_\_\_\_\_

### ***SCHEDULE DETAILS***

Expected Business Hours: \_\_\_\_\_

Do you plan to work evenings/weekends? \_\_\_\_\_

Will you have any assistants, employees, or trainees?

(They are not permitted without written approval)

### ***INSURANCE***

Do you currently carry liability insurance? YES / NO

If yes, Provider: \_\_\_\_\_

***REFERENCES***

Professional Reference #1

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Professional Reference #2

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

***CERTIFICATION & AGREEMENT***

I certify that all information provided is accurate. I understand this application does not guarantee suite approval.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_