



EPO SALON SUITES

Applicant Information

First Name: _____ Last Name: _____ Middle _____

Phone Number: _____ Email Address: _____

Current Address: _____

City, State, ZIP: _____

Date of Birth: _____

Business Information

Business Name: _____

Type of Business (e.g., Hair, Esthetics): _____

Business Website or Social Media (if applicable): _____

How long have you been in business? _____

Do you have a current business license? Yes No

Employment & Financial Information

Current Employer (if applicable): _____

Position: _____

Monthly Income: _____

Additional Sources of Income (if applicable): _____

Suite Preferences

Desired Suite Size: Small Medium Large No Preference

Preferred Move-in Date: _____

Do you require any modifications to the suite? Yes No

If yes, please describe: _____

References

Professional Reference:

Name: _____ Phone: _____

Email: _____ Relationship: _____

Emergency Contact

Name: _____ Phone: _____

Relationship: _____

Authorization & Signature

I certify that the information provided in this application is accurate and complete. I authorize EPO Salon Suites to verify my background, credit, and references as necessary for lease approval.

Applicant Signature: _____ Date: _____