



3540 Seven Bridges Drive, Suite 240
Woodridge, IL 60517

P 855.357.SASS
F 630.948.3656
leasing@sass-suites.com

leasing APPLICATION

PERSONAL INFORMATION

Name _____

Address _____

Previous Address If Less Than 2 Years _____

Phone () _____ Social Security _____ DOB _____

Business Name _____ Cell Phone () _____

Cosmetology License Number _____ Federal Tax ID# _____

E-Mail Address _____ Referred By _____

Education History (Check all that apply)

High School College/University Graduate School Vocational / Technical School

WORK HISTORY

Salon or Employer Name & Address Date Employed Name of Last Salon Owner or Supervisor

1. _____ From _____ _____

_____ To _____ May I Contact _____ Phone _____

Booth Rent or Commission _____ Weekly Booth Rent _____ Commission Pay _____

What is Your Annual Salary? _____

Salon or Employer Name & Address Date Employed Name of Last Salon Owner or Supervisor

2. _____ From _____ _____

_____ To _____ May I Contact _____ Phone _____

Booth Rent or Commission _____ Weekly Booth Rent _____ Commission Pay _____

What is Your Annual Salary? _____



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Thank you for your interest in our Salon Suites. All applicants must be at least 18 years of age and will be considered based on qualifications regardless of age, race, color, creed, sex, religion or disability and any other reason protected by law.

Number & Type of Suite Applying for _____ Location _____

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 or any part of the questions, please provide the detail below to include the date, place and nature of each such conviction(s) or pending charge(s).

Explain:

PERSONAL REFERENCES

Name: _____ Address: _____ Phone: _____

1. _____

2. _____

EMERGENCY CONTACT

Name _____ Phone _____ Relationship _____

TENANT CHECKLIST: (Please provide a copy of license)

Type of License _____ Federal Tax ID# _____ Corp/LLC _____

ACKNOWLEDGEMENT 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, I will be subject to dismissal without notice at anytime. 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 SASS 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.

I understand and agree that, if I am accepted for leasing by SASS LLC, my lease will be for a duration of at least one year. By checking the box below I acknowledge that I have read and understand the Consent Statement on this application.

I agree to the terms above (required).

Applicant Signature _____ Date _____