

SASS

"Studios and Salon Suites"

3333 Warrenville Road

Suite 200

Lisle, IL 60532

Phone **855-357-SASS (7277)**

Email: leasing@sass-suites.com

SASS WOODRIDGE LLC - 3520 Seven Bridges Drive., Woodridge, IL 60517

SASS ORLAND LLC - 16057 S LaGrange Road, Orland Park, IL 60467

SASS NAPERVILLE LLC - 3340 Lacrosse Lane, Naperville IL 60564

LEASING APPLICATION

Personal Information

Name:
Last First Middle Initial

Address:
Street City/State Zip Code

Previous address if less than 2 years:

.....
Street City/State Zip Code

..... 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?

2.	From:
.....	To:	May I Contact: Phone:

Booth Rent Or Commission: Weekly Booth Rent: Commission Pay:

What is your Annual Salary?

3.	From:
.....	To:	May I Contact: Phone:

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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 CHECK LIST: (Please provide copy of License)

Type of license: Federal Tax ID#: Corp/LLC:

ACKNOWLEDGMENT 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 any time. 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: