

APPLICANT INFORMATION

First Name: _____ Last Name: _____ DOB: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email Address: _____ Website: _____

Phone Number: _____ Mobile Number: _____

PROFESSIONAL INFORMATION

Profession: Hair Stylist Esthetician Manicurist/Pedicurist Massage Other: _____

License #: _____ Date Issued: _____

Graduating School Name: _____ Date of Graduation: _____

City and State of School: _____

Approximate # of Clients: _____ Average # of Weekly Clients: _____

Services Offered: _____

Current Salon Name: _____ Start Date: _____ to _____

Address: _____

City: _____ ZIP: _____

Current Status: Salary Commission Rental (Current Rate: _____)

Reason(s) why you are looking to change salons: _____

Previous Salon Name: _____ Start Date: _____ to _____

Address: _____

City: _____ ZIP: _____

Current Status: Salary Commission Rental

Previous Salon Name: _____ Start Date: _____ to _____

Address: _____

City: _____ ZIP: _____

Current Status: Salary Commission Rental

STUDIO RESERVATION INFORMATION

Desired Studio #: _____

OFFICE USE ONLY

Move-in Date: _____ Studio Deposit: _____ Paid

of professionals in the studio: _____ Maximum # of professionals to work in the studio at the same time: _____

Check the following equipment that will be used at the same time:

- Blow Dryers – Quantity: _____ Flat Irons/Curling Irons – Quantity: _____ Hood Dryers – Quantity: _____
 Wall Mounted Hair Dryer – Quantity: _____ Heat Lamp Processors/Steamers – Quantity: _____
 Stove (Oven for Hot Irons) – Quantity: _____ Air Purifiers – Quantity: _____
 Mani/Pedi Chairs – Quantity: _____ Facial Steamers – Quantity: _____ Other – Quantity: _____

Do you offer Keratin straightening services? Yes No If yes, how often? _____

ADDITIONAL INFORMATION

Product Brands You Use (Select All That Apply):

Haircare: Brazilian Blowout Goldwell Kenra Kevin Murphy L’Oreal Matrix Moroccan Oil
 Neuma Olaplex Pravana Pureology Redken Schwarzkopf Unite Wella
 Other: _____

Color: Alfaparf Goldwell Kenra Kevin Murphy L’Oreal Matrix Pravana Pulp Riot
 Redken Schwarzkopf Wella Other: _____

Do you expect to retail product in your studio? Yes No

REFERRALS

Do you have any friends, family, co-workers or acquaintances that are interested in a private studio? Tell us about them!
We offer referral incentives that include FREE rent and/or product.

Name: _____ Email: _____ Phone #: _____

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Salon Republic strives to maintain a professional image to the public and the beauty industry. For that reason, we verify references, credit history and professional qualifications. The information given will be held in confidence. No one will be contacted without your consent.

Salon Republic | Questions? Contact Us – hello@salonrepublic.com | salonrepublic.com