

CIRQUE SALON STUDIOS

WEST ASHLEY, MT PLEASANT, SUMMERVILLE

LICENSEE APPLICATION

Name:

Social Security Number: _____

Date of Birth: _____

Home Phone: _____

Mobile Phone: _____

E-mail Address:

Home Address:

City: _____ **State:** _____ **Zip:** _____

Drivers License Number:

Emergency Contact Information

Name: _____

Relationship: _____

Mobile Phone: _____ **Home Phone:** _____

Work Phone: _____

Professional Information

Current Salon or Spa:

Salon or Spa Address:

Date First Licensed: _____ **License Number:** _____
Expiring: _____

(Please circle): Stylist Nail Tech Esthetician Massage

Other _____

(Please circle): Commission Booth Renter /Salon Owner

Current Booth Rent Rate: \$ _____ **/week or /month (circle one)**

Average Services Revenue: \$ _____ **/week or /month (circle one)**

**Desired Studio Size (please circle): Standard Single /Large Single
/Double**

Signature of Applicant Date
