



2704 Enterprise Parkway
Richmond, VA 23294
info@ArtisanSuitesRVA.com
ArtisanSuitesRVA.com

STUDIO LICENSE APPLICATION

Applicant Information

Address: _____
Street Address _____ Apartment/Unit # _____

City _____ State _____ ZIP Code _____

Contact: _____
Phone _____ Email _____

Social Media Accounts:

Date of Birth: _____ Driver's License/State: _____

SSN: _____ Type of Service: _____

Licensure/Professional Education

Business Licence # _____ License Type: _____

Professional License #: _____ Expiration Date: _____

Graduation School: _____ Date: _____

School City/State: _____ School Contact: _____

Please list any advanced training courses, educational conferences, etc.

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References

Please list two professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Professional Experience

Salon Name: _____ Phone: _____

Address: _____ Contact: _____

From: _____ To: _____ Reason for Leaving: _____

Salon Name: _____ Phone: _____

Address: _____ Contact: _____

From: _____ To: _____ Reason for Leaving: _____



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Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to a lease, I understand that false or misleading information in my application or interview may result in lease termination.

Signature: _____ Date: _____

*DEPOSITS ARE NON REFUNDABLE