



SuiteShare Management Group LLC  
10 Glenlake Parkway, Suite 130  
Atlanta, GA 30328

## APPLICATION INFORMATION

Property Name: \_\_\_\_\_

Suite Number (if known): \_\_\_\_\_

Desired Move In Date: \_\_\_\_\_

Application Fee: \$\_\_\_\_\_ (non refundable)

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## SECTION 1: APPLICANT INFORMATION

Full Legal Name: \_\_\_\_\_

Preferred Business Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_

State Issued: \_\_\_\_\_

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## SECTION 2: BUSINESS INFORMATION

Type of Services Provided:

Hair  Barber  Nails  Esthetics  Massage  Lash  Makeup  Other

Years in Business:

New  1–2 Years  3–5 Years  5+ Years



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Do you currently operate in a salon or suite:

Yes  No

If yes, where: \_\_\_\_\_

Do you have an existing client base:

Yes  No

Estimated number of weekly clients: \_\_\_\_\_

Business Instagram or Website: \_\_\_\_\_

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## SECTION 3: LICENSING AND INSURANCE

Do you hold a valid professional license required for your services:

Yes  No

License Type: \_\_\_\_\_

License Number: \_\_\_\_\_

State Issued: \_\_\_\_\_

Upload copy of license:

Do you currently carry liability insurance:

Yes  No

Insurance Carrier: \_\_\_\_\_

Upload proof of insurance or acknowledge requirement prior to move in:

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## SECTION 4: SUITE PREFERENCES

Suite Size Preference:

Single  Double  Flexible



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Budget Range: \_\_\_\_\_

Preferred Lease Term:

6 Months  12 Months  Flexible

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## SECTION 5: OPERATIONS AND USE

Describe your services in detail:

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Will you use chemicals, dyes, or products requiring ventilation:

Yes  No

If yes, describe: \_\_\_\_\_

Will you have employees or assistants working from your suite:

Yes  No

If yes, how many: \_\_\_\_\_

Do you plan to share your suite with another professional:

Yes  No

If yes, explain: \_\_\_\_\_

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## SECTION 6: BACKGROUND AND HISTORY

Have you ever been evicted from a commercial or residential space:

Yes  No

Have you ever defaulted on a lease or occupancy agreement:

Yes  No



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If yes to either, explain:

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## SECTION 7: REFERENCES

Previous Salon or Suite Name: \_\_\_\_\_

Owner or Manager Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Professional Reference Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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## SECTION 8: ADDITIONAL QUESTIONS

How do you handle scheduling conflicts or difficult clients:

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What does a professional and clean suite environment mean to you:

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## SECTION 9: ACKNOWLEDGMENTS

Initial each:

\_\_\_\_\_ I understand this application does not guarantee approval

\_\_\_\_\_ I certify all information provided is accurate and complete

\_\_\_\_\_ I understand proof of licensing and insurance is required prior to occupancy



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\_\_\_\_\_ I understand SSMG enforces strict operational, cleanliness, and conduct standards

\_\_\_\_\_ I understand all rent, deposits, and fees must be paid prior to move in

\_\_\_\_\_ I authorize SSMG to verify all information provided

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## **SECTION 10: SIGNATURE**

Applicant Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_