



LICENSING APPLICATION

(One for Each Applicant/Assistant)

Application is hereby made to license the premises generally described as 1324 S Zack Hinton Parkway, McDonough, GA 30253 dba Iconic Salon Studios ("Licensor").

1. **License Term.** The term of the license of the Premises for which Applicant is applying shall start on ("Commencement Date") _____ and end of _____
2. **Proposed Weekly License Fee.** _____ **Proposed Studio Number.** _____
3. **Licensing Application Fee:** Applicant has paid a non-refundable Licensing Application Fee of **\$65** to process the Licensing Application, determine Applicant's credit worthiness and conduct a background investigation for Applicant. Applicant hereby authorizes The Grant Group, Inc. and any authorized agent to do whatever background and credit check that the Licensor deem appropriate. This may include among other things obtaining one or more credit reports on Applicant. Such credit reports may be obtained before and during the term of the License and after the expiration or termination of the License as part any an effort to collect license charges owing under License Agreement.
4. **Performance Deposit:** A performance deposit of \$_____ is being made by check, money order or electronic transfer along with this licensing application. If Applicant's application is approved and a license agreement is entered into between the Licensor and Applicant, the performance deposit shall be subject to the terms of the Licensing Agreement. If the Applicant's application is approved and the Applicant fails to execute Licensing Agreement for the premises prior to the Commencement Date then the Licensor may retain the Performance Deposit as liquidated damages, it being acknowledged and agreed that the same is a reasonable pre-estimate of Licensor's damages for not seeking to license the premises during this time period and not a penalty. If the application is denied, the Performance Deposit shall be refunded to Applicant without interest.
5. **Use of Information.** The information in this application or obtained as a result of the authorization given herein by Applicant will be sold or distributed to others. However, Licensor or Agent may use such information to decide whether to license the premises to Applicant and for all other purposes relative to any future License Agreement and Applicant pays all required fees, deposits and advance license fee.
6. **Application Does Not Create a License.** This application, even if accepted, shall under no circumstances be consider a license agreement between Applicant and Licensor or an offer to license.



No license shall exist between Applicant and Licensor unless and until the parties enter into a formal License Agreement and Applicant pays all required fees and deposits.

7. **Warranty of Applicant.** Applicant hereby warrants that the information supplied is complete and accurate and the breach of this warranty by Application may result in the termination or any License Agreement entered into with Applicant by Licensor/Agent.
8. **Reason for Denial.** If this application is denied, the Licensor shall within ten (10) days thereafter and upon written request of applicant, state the basis for said denial to Applicant.

INFORMATION ABOUT APPLICANT.

First Name: _____ Middle: _____ Last Name: _____

Business Name: _____ Business Type: LLC INC Sole Proprietor

Home Address: _____

SS#: _____ Date of Birth: _____

Driver's License # _____ Driver's License State: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact Information: _____

Current Work Location: _____

How Long at Current Work Location: _____ Current Both Rental/Commission: _____

Banking Institution: _____ How Long: _____

Cosmetology License Number: _____ No. of Years Licensed: _____

Estimated Monthly Income: _____

Do you have a legal right to be in the United States?

- Yes, I am a US Citizen
- Yes, I have valid documentation from the Bureau of Citizenship and Immigration Service
- No

If you answered "YES" because you are a non-US citizen with valid visa documentation, please provide:



Reason you are in US: _____

Visa Type: _____ Visa Expiration Date: _____

- | | | |
|---|------------------------------|-----------------------------|
| Are you a registered sex offender? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have professional liability insurance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have insurance on personal equipment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| *Have you ever filed bankruptcy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| *Has bankruptcy been discharged or dismissed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| *Have you ever had any debt collection actions against you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| *Do you have an assistant or apprentice? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| *Have you ever been convicted of a felony? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

*Additional documentation may be required to complete application process. Please include a copy of a government-issued id and social security card. Application fees can be paid on-line at www.iconicsalonstudios.com, Click More, Click Make Payment (top right) and create a new account under New Users Registration. Follow one-time payment instructions. You will be notified within 48-72 hours of application status.

I, the undersigned, understand that The Grant Group, Inc. is the Agent and Representative for the Licensor of the Premises and will be paid a fee by the Licensor.

Accepted By:

Applicant's Printed Name: _____

Applicant's Signature _____ Date: _____