



Booth Rental Questionnaire

As a spa owner in the beauty industry seeking qualified service providers as booth renters, the following questions are designed to make the best possible candidate selections. These questions will help us better understand your experience and the level of awareness you maintain as a self-employed individual. **This is not an application for employment.**

[PLEASE PRINT or TYPE]

GENERAL INFORMATION

Referred By: _____ Today's Date: _____

Last Name _____ First Name _____ Middle Initial _____

Street Address _____ Apt. No. _____

City _____ State _____ Zip Code _____

() _____ () _____
Home Telephone Number _____ Cell Phone Number _____ Email Address _____

Primary Use for leased spaced: Hair Nails Skincare Massage Other: _____

Years of Experience _____ Areas of Specialty (Please be specific) _____

Do you have a professional license: Yes No Type: _____
(Cosmetology, Barbering, Massage Therapist, Manicurist, Esthetician, etc.)

Professional License Number _____ State _____ Expiration _____

Please put a check mark next to the areas in which you are licensed, qualified and competent to work:

- | | | | | |
|---|---|---|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Hair Cutting | <input type="checkbox"/> Hair Coloring | <input type="checkbox"/> Hair Extensions | <input type="checkbox"/> Hair Styling | <input type="checkbox"/> Air Waving |
| <input type="checkbox"/> Permanent Wave | <input type="checkbox"/> Hot Iron Work | <input type="checkbox"/> Wet Setting | <input type="checkbox"/> Braiding | <input type="checkbox"/> Up Dos |
| <input type="checkbox"/> Manicures | <input type="checkbox"/> Pedicures | <input type="checkbox"/> Facial & Skin Care | <input type="checkbox"/> Waxing | <input type="checkbox"/> Electrolysis |
| <input type="checkbox"/> Permanent Makeup | <input type="checkbox"/> Makeup Application | <input type="checkbox"/> Massage Therapy | <input type="checkbox"/> Other: _____ | |

What equipment do you own, if any, to perform your work: _____

What product lines do you like to use: _____

Are you able to provide a model for demonstration of your abilities: Yes No

EDUCATION and TRAINING

Please share with us your education and any additional training or certifications you have earned:

Name of School / Program _____ City _____ State _____ Date Completed _____

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