Prime Salon Studio Application
138 S Cherry Road
Rock Hill, SC, 29732
Suite number:_____

Personal Information

Full Name: _____

Address: _____

_____

Phone number: _____

Email: _____

Driver's License Number: _____

Business Information

Name of Business: _____

Business EIN Number (optional): _____

Professional License Number: _____

Related Salon Work History

How long have you been licensed? _____

Previous Employer/Business Name: _____

Previous Employer's Address: _____

_____

Previous Employer's Number: _____

How long were you employed there? _____