

Colours Hair Studio

STYLIST-OWNER SHORT TERM STATION LEASE AGREEMENT

I, _____ agree to lease **station #** _____ at the state licensed hair salon owned by **Donna Patterson** known as **Colours Hair Studio located at 1200 Contra Costa Blvd., Ste.C, Pleasant Hill, Ca. 94523.** I have received and read the current Rules and Regulations of the salon and agree to comply with all the guidelines and responsibilities as stated. I have been informed that failure to comply with the Rules and Regs can result in a fine and termination of this agreement. I have received a copy of the current station rental fees and fee payment schedule, which includes all times the salon is closed. I understand and agree that the term of this contract begins _____ **1st** and will extend thru _____ **2007.** I understand that this agreement can be terminated by either party and that a **30 day notice** in writing from the owner or myself is required to terminate this agreement prior to term.

I have been informed and understand that the agreed amount due per month for the above term is _____. I understand and agree that the monthly fee I owe Donna Patterson is based on the days and hours for which I have contracted plus any extended hours beyond my contracted time that I choose to work. I agree to pay my fees by the **25th** day of each calendar month throughout the term of this contract. A late fee of **\$50.00** will be applied to any payment made after that date. I have been informed that I will be receiving a statement at the end of each month showing payments received and any additional fees or reimbursements that may be due. I agree to pay any additional fees with the next months payment.

I also understand and have been informed that no **Security Deposit** is due at this time, but will be due should I sign a long term agreement. Below I have indicated the areas that apply to my rental agreement:

Please indicate the type of rental space and the months, days, and hours that apply to your needs:

Part-time ___ **No. of hrs. per wk** _____ **Hrs. are** M ___ T ___ W ___ Th ___ F ___ S ___
January February March April May June July August September October November December

Full-time ___ **Tuesday thru Saturday 9am to 8pm.**
January February March April May June July August September October November December

SIGNATURE

X _____ / _____ **date** **SS#** _____ - _____ - _____ **CDL#** _____

I agree to live up to my responsibilities as a Salon Owner

SIGNATURE OF OWNER _____ / ___ 1/1/2007 _____
date