

Business/Work Experience

(Give present or last position first. If additional space is needed, please attach a separate sheet. Please advise if you do not wish your present employer not be contacted.)

Company: _____ Address: _____ Type of business: _____
Employed from: _____ to: _____ Position: _____
Annual Salary: _____
Supervisor: _____ Telephone: () _____
Describe duties, responsibilities and number of employees supervised: _____

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Do you now or have you ever owned or had an interest in a business venture? _____

If yes, please state details: _____

Please describe any previous experience relevant to the franchisor's industry: _____

Please rate your computer literacy. Ten (10) being very strong. (circle) 1 2 3 4 5 6 7 8 10

Education (Enter last year completed)

High School: Grade _____ College/University: _____ Years

College, graduate or trade school attended: _____

Designation/Degree _____

Describe any training in sales, management, or marketing: _____

Additional Information

How or why did you become interested in our concept? _____

What other businesses have you investigated? _____

How long have you been looking for a business? _____

What do you like about our concept? _____

Have you tried our services? _____

If so, please describe your experience _____

There are some basic ingredients to every successful business. If you were awarded a franchise, what would you do to make it successful? _____

Will you have a business partner (other than a spouse)? _____ Yes _____ No

Name of partner(s) _____

Note: A separate application and financial statement is required of each partner. The Franchisor reserves the right to give preference to those who are financially qualified without a business partner.

Relationship: _____ Involvement: (F/T, P/T or investment only) _____

If applying with a partner or spouse, will one of you continue to work at your current place of employment after the franchise is awarded? _____ Yes, _____ No For how long? _____

How many hours per week are you willing to devote to the business? _____

How many hours per week is your spouse and/or partner willing to devote to the business? _____

When would you be able to start this venture? _____

What are your reasons for going into business for yourself? _____

Describe in your own words those factors which may be relevant to us in considering your application for a franchise (i.e. lifestyle, intellectual pursuits, community involvement, business experience, personal history, etc.) Please add additional pages or a covering sheet if there is more information that you would like to include.

Personal Financial Statement

I make the following statement of all my assets and liabilities as of the _____ day of _____, 20__

ASSETS – List and Describe all Assets		
Cash on Hand and in Banks (give details on Schedule 4)		\$
Accounts, Loans and Notes Receivable (give details on Schedule 1)		
Marketable Securities, Stocks and Bonds, Non Registered (give details on Schedule 2A)		
Retirement Accounts i.e. Registered Retirement Savings Plan (give details on Schedule 2B)		
Other Retirement Accounts (give details on Schedule 2C)		
Real Estate Owned (give details on Schedule 3)		
Real Estate Mortgages Receivable		
Automobile(s)		
Other Assets (e.g. value of existing businesses)		
TOTAL ASSETS		\$

LIABILITIES – List and Describe all Liabilities	Balance Owning	Monthly Payment
Bank Loans	\$	\$
Amounts Payable to Friends and Relatives (include alimony and child support)		
Credit Cards (please itemize)		
Mortgages on Real Estate Owned (give details on Schedule 3)		
Unpaid Income Tax and Other Taxes and Interest		
Other Debts (please itemize)		
TOTAL MONTHLY PAYMENTS		\$
TOTAL LIABILITIES	\$	
NET WORTH (TOTAL ASSETS – TOTAL LIABILITIES)	\$	

Applicant's Salary _____	Please itemize other sources of income: _____ _____ _____ _____ _____
Spouse's Salary _____	
Bonus & Commissions _____	
Dividends _____	
Net Real Estate Income _____	
Other Income _____	
Total Annual Income _____	

Provide names of banks, trust or finance companies where accounts are located

Name of Bank	Location	Tel. No.	Person to Contact	For Office Use

References

Name	Address and Telephone	Position/Relationship

How much unencumbered funds do you have available for this investment? _____

Please list which specific assets you intend to use to meet the immediate cash requirements? (I.e. cash, family loans, cash in securities etc..)

- a) _____ b) _____
 c) _____ d) _____

How much capital will you need to borrow? (if any) _____

Do you understand that the success or failure of your business is primarily your responsibility? _____

Have you ever applied for one a franchises before? _____ Yes ____ No If so, when? _____

Are you now, or have you been in the last 36 months a Plaintiff or a Defendant in any type of litigation? _____

If yes, please give details _____

Have you been convicted of an offense for which you have not received a pardon? _____

If yes, please give details _____

Have you or any company with which you were associated ever been involved in bankruptcy proceedings? _____

If yes, please give details _____

The federal government has deemed that information gathered from an individual by a corporation is considered confidential and may not be used for any purpose unless approval has been granted by that individual. Your signature on this form indicates approval for the use of the information provided for our own internal use only.

For the purpose of securing credit and other considerations, the undersigned furnished the foregoing statement and information which fully and truly sets forth the true and accurate financial conditions of the applicant. The undersigned agrees to notify the Franchisor in writing of any changes in its financial condition. The undersigned agrees that a report as to credit and/or criminal information is to be obtained and applied for and consents to the disclosure of any such information to any credit grantor or consumer reporting agency with whom we and/or the applicant may transact.

This information will be kept on file until it is no longer necessary. In the event that the applicant is granted a franchise, it will go in the franchisee's permanent file. In the event that the applicant is not granted a franchise it shall be destroyed at that time. Name, address and telephone numbers will be kept on electronic file for statistical purposes only.

The applicant acknowledges that the Franchisor has many criteria for accepting a franchisee, and reserves the right to reject any applicant without itemizing the reasons for such rejection.

Dated this _____ day of _____, 20_____.

Witness

Applicant