



APPLICATION FOR FRANCHISE

GENERAL INFORMATION

What prompted you to inquire about Franchising? (Please specify-if referral, please indicate store location) _____

Principal Applicant's Name _____

Social Security Number _____ Date of Birth _____

Home Phone _____ E-Mail _____

Residence Address _____

City _____ State _____ Zip Code _____

How long at Present Address? _____ Own? _____ Rent? _____

Current Employer _____ Salary _____

Position _____ Nature of Duties _____

Employer's Address _____

Business Phone () _____ May we contact you at work? _____ Best time to Reach? _____

Spouse Name _____

FINANCIAL INFORMATION

*Please attach prepared financial statement to this Application.

Annual Income \$ _____ Assets \$ _____

Spouse's Annual Income \$ _____ Liabilities \$ _____

Interest & Dividends \$ _____ Net Worth \$ _____

Other Income \$ _____

Total Income \$ _____

Do you own your own business? _____

Have you ever filed for personal or business bankruptcy? _____

Have you ever had anything repossessed? _____

EDUCATION INFORMATION

College _____

Degree in _____

High School _____

Hobbies and interests _____

LOCATION INFORMATION

Do you have a location in mind? _____

If so, in what city and, if known, what county and zip code?

City _____ County _____ zip code _____

LEGAL INFORMATION

Will you have a partner or partners other than your spouse? _____

If yes, what will their involvement be? _____

Please have them fill out a separate application.

Sole Proprietorship _____ Name _____

Corporation _____ Name _____

Partnership _____ Name _____

Other _____ Name _____

Have you ever been the principal owner of a business before? _____

If yes, please explain. _____

Have you ever been granted a franchise before? _____

If yes, please explain. _____

Have you or your spouse (if co-applicant) ever been convicted of a felony? Do either of you have any felony charges pending, being appealed or are you under indictment? _____

If yes, please explain. _____

REFERENCES AND CREDIT CHECK

I hereby authorize Twisted Cultures, LLC to obtain a credit report and to contact the following references and other sources for information about me. I release Twisted Cultures, LLC, its affiliates, agents and employees from any liability arising from the receipt or use of any information obtained through these sources. Yes _____ No _____

Credit References

Name _____

Name _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Business References

Name _____

Name _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Personal References

Name _____

Name _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

It is understood and agreed that my submission of this application does not create an obligation for Twisted Cultures, LLC to award me a franchise. The information I have submitted within this application is true and complete to the best of my knowledge and belief. Yes _____ No _____

Signature: _____

Date: _____