



FRANCHISE APPLICATION

Date: _____

Name: _____

Type: Trade Area Site Specific

Address: _____

If Site Specific:

City: _____ State _____ Zip Code _____

Address: _____

Work Phone: () _____ - _____

City: _____

Fax Phone: () _____ - _____

State: _____ Zip Code: _____

Cell Phone: () - _____

If Trade Area, please indicate Trade Area:

E-mail: _____

Applicant Information:

A. Individual Corporation Limited Liability Company Partnership

If individual, please indicate name, state where individual resides and a current email address for the individual:

1. _____ *Email address:* _____ *Telephone:* _____
_____ *Social Security#* _____

Address City State Zip Code
2. _____ *Email address:* _____ *Telephone:* _____
_____ *Social Security#* _____

Address City State Zip Code
3. _____ *Email address:* _____ *Telephone:* _____
_____ *Social Security#* _____

Address City State Zip Code
4. _____ *Email address:* _____ *Telephone:* _____
_____ *Social Security#* _____

Address City State Zip Code

If corporation, limited liability company or partnership, please list the name of the entity and who has signing authority: Entity

Name: _____ State Formed: _____

Signing Authority: _____ Title: _____ Email address: _____

If corporation, limited liability company or partnership, please list the names of each owner, the state where the owner resides, a current email address for each owner and their percentage owned in the entity:

1. _____ *% Owned:* _____ *Email address:* _____ *Telephone:* _____
_____ *Social Security#* _____

Address City State Zip Code
2. _____ *% Owned:* _____ *Email address:* _____ *Telephone:* _____
_____ *Social Security#* _____

Address City State Zip Code
3. _____ *% Owned:* _____ *Email address:* _____ *Telephone:* _____
_____ *Social Security#* _____

Address City State Zip Code
4. _____ *% Owned:* _____ *Email address:* _____ *Telephone:* _____
_____ *Social Security#* _____

Address City State Zip Code

Note: if more space needed, attach an additional page.

B. List all other franchise brands / businesses that any person listed above now owns and operates or has owned and operated:

- 1. Brand: _____ City: _____ State: _____ Store #: _____ Still Owned? Yes No
- 2. Brand: _____ City: _____ State: _____ Store #: _____ Still Owned? Yes No
- 3. Brand: _____ City: _____ State: _____ Store #: _____ Still Owned? Yes No

C. Has any applicant/owner listed on this application ever filed bankruptcy? YES NO

D. Has any applicant/owner listed on this application ever been convicted of a felony? YES NO

E. Please have all applicants/owners complete the attached Personal Financial Statement or supply an acceptable statement on applicant's own format.

The information provided is the basis for your franchise application. The submission of this application does not obligate either party in any way or manner.

The undersigned understand that we are relying on the information provided in this application and all documents submitted to us by the undersigned and co-owners, including, but not limited to, all financial statements. All information contained in the application is true, correct and complete as of today. The application does not fail to include any fact, which would be necessary in order to make the information furnished not misleading. The undersigned agrees to inform us promptly of any material change in any of the information furnished in this application.

By signing this application, the undersigned acknowledge and agree that we may investigate any information provided in this application including personal financial information. The undersigned authorizes the release and verification of credit and financial records. We agree to use the information disclosed for our exclusive and confidential use. The undersigned release us, our affiliates and our employees and agents from all liabilities resulting from the release to us of any informational reports.

All applicants / owners must sign below:

X _____
Signature

Print Name (Please print clearly)

Date

X _____
Signature

Print Name (Please print clearly)

Date

X _____
Signature

Print Name (Please print clearly)

Date

X _____
Signature

Print Name (Please print clearly)

Date

X _____
Signature

Print Name (Please print clearly)

Date

X _____
Signature

Print Name (Please print clearly)

Date

PERSONAL FINANCIAL STATEMENT

Name: _____
First Middle Initial Last

Address: _____
Street City State/Zip

Home (_____) _____ Business (_____) _____ Mobile (_____) _____

SSN: _____

Business or Occupation: _____ Partner or officer in any other venture: _____

<u>ASSETS</u>			<u>LIABILITIES</u>		
Cash on hand, and unrestricted in banks (see Schedule No. 1)	\$		Notes Payable to banks, unsecured direct borrowings only (see Schedule No. 1)	\$	
U.S. Government Securities			Notes Payable to banks, secured direct borrowings only (see Schedule No. 1)		
Accounts and Loans Receivable (see Schedule No. 2)			Notes Payable to Others, unsecured		
Notes Receivable, not discounted (see schedule No. 2)			Notes Payable to others, secured		
Life Insurance, cash surrender value (do not deduct loans) (see Schedule No. 3)			Loans against Life Insurance (see Schedule No. 3)		
Stocks and Bonds (see Schedule No. 4)			Accounts Payable		
Real Estate (See Schedule No. 5)			Interest payable		
Automobiles (registered in own name) Year: Make: Model:			Taxes and Assessments Payable (see Schedule No. 5)		
Year: Make: Model:			Mortgages Payable on Real Estate (see Schedule No. 5)		
Other Assets (Itemize)			Brokers Margin Accounts (see Schedule No. 4)		
			Other Liabilities (itemize)		
TOTAL ASSETS	\$		TOTAL LIABILITIES	\$	
			NET WORTH	\$	
			<i>(Total Assets minus Total Liabilities)</i>		
<u>ANNUAL INCOME</u>	Last Year	Previous Year	<u>CONTINGENT LIABILITIES</u>		
Salary	\$	\$	As Endorser of Co-Maker	\$	
Bonus and Commissions			On leases or Contracts		
Dividends			Legal Claims		
Real Estate			Provision for Federal Income Taxes		
Other (Itemize)			Other Special Debt		
TOTAL <i>(Adjusted Gross Income)</i>	\$	\$	TOTAL	\$	

SUPPLEMENTARY SCHEDULES

No. 1 - Banking Relations (a list of all my bank accounts, including savings and loans.)

Name and Location of Bank	Account #	Cash Balance	Outstanding Loans	Maturity Date	How Guaranteed

No. 2 - Accounts Receivable (a list of the largest amounts owed to me.)

Name & Address of Debtor	Amount Owing	Age of Debt	Nature of Debt & Security Held	Date of Payment

No. 3 - Life Insurance

Name of Person Insured	Policy #	Name of Beneficiary	Insurance Company	Face Amount of Policy	Total Cash Surrender Value	Total Loan Against Policy	Is Policy Assigned	Type of Policy	Amount of Yearly Premium

No. 4 - Stocks, Bonds, and Mutual Funds

Face Value (Bonds) No. of Shares (Stocks)	Description of Security	Due Date	Registration in Name of and #	Cost	Present Market Value	Income Received Last Year	To Whom Pledged

Brokers Name(s) Indicate on each if stocks or bonds are held by the broker (B) or by yourself (S)

Balance of Margin Account(s)

No. 5 - Real Estate (legal and equitable title to all the real estate listed in this statement is solely in the name of the undersigned, except as follows)

Type of Property (home, Business, land, etc.)	Address	Mortgages or Liens	Mortgage or Lien Held by	Due Dates and Amounts of Payments	Assessed Value	Present Market Value	Unpaid Taxes	
							Year	Amount

No. 6 - Creditors I buy goods principally from:

Name of Creditor	Address

Any Other information we should consider that is relevant to why you wish to be considered for a Dough Dough Franchise?