

FRANCHISEE QUALIFICATION APPLICATION

Last Name		First Name		Middle Name			Application Date			
Date of Birth		Social Security Number		Marital Status		Name & Occupation of Spouse				
		Not Needed At This Stage. Leave Blank								
Contact		Home Phone		Cell Phone		Email				
Information										
	Street		City	ity State		zip How L		How Long		
Current Addres	ss									
I	revious Addres	s	Credit Score	Date Checke	f you have n	nave not checked your credit				
Accessed to the second of the						score in the last 6 months, you can obtain a free report online.				
	Name o	of School	Years	Years			Grade or degree obtained			
Education										
Have you ever b		If yes, please explain:								
of a felony, mis										
Yes	No									
Are you a defendant in any lawsuit or legal action?		If yes, please explain:								
								**		
Yes	No									
Employment (We will not contact your employer without your permission)	Employed By		Position	Position Yea		employed	Pho	one		

Financial Information

Your annual income Spouse's A		nnual Income	Other Income	Would this business be your sole source of Income?							
Liquid Capital Availab	le Are	e you able to obtain financing for the remainder and if yes how?									
Ever owned your own	business?	If yes, please explain									
Applicant's Plans											
Who is going to own				lude county and zip)							
the franchise?	С	hoice 1	Choice 2	Choice 3							
If approved, when wil	l vou be rea	dv to execute	If approved, when	will you be ready to open your							
Franchise Agreeme			store? (must provide date)								
Please explain your plans for this business											
References											
Name		Relation	ship to you	Phone							
I certify that the information provided above is true and accurate,											
Name:											
Signature:		Date									

Submitting this application does not obligate the applicant or Three Monkeys Franchise Group to buy or sell a franchise.