

Franchise Application



This application is designed to provide preliminary information to Swirlz Frozen Yogurt.
It is in no way binding to either the Applicant(s) or Swirlz Frozen Yogurt.

Personal Information

APPLICANT

Name _____

Address _____

City _____ State _____ Zip _____

How long at this address? Own Rent

Home Phone _____ Business Phone _____ S.S.# _____

Drivers License # _____ State _____

Email Address: _____

Have you ever been convicted of a felony? Yes No

If yes, describe: _____

CO-APPLICANT

Name _____

Address _____

City _____ State _____ Zip _____

How long at this address? Own Rent

Home Phone _____ Business Phone _____ S.S.# _____

Drivers License # _____ State _____

Email Address: _____

Have you ever been convicted of a felony? Yes No

If yes, describe: _____

Business/Personal References

EXCLUDING RELATIVES AND EMPLOYEES

1. Name _____ Telephone _____

Relationship _____

Address _____

2. Name _____ Telephone _____

Relationship _____

Address _____

1. Name _____ Telephone _____

Relationship _____

Address _____

2. Name _____ Telephone _____

Relationship _____

Address _____

Marital Status: Married Single Divorced Number of Dependents? _____

If married, will spouse be active in business? Yes No



Business Experience

APPLICANT

Are you self-employed? Yes No

Present Occupation Current Salary (per year)

Company Phone

Address

City State Zip

Supervisor

May we contact him/her? Yes No

Describe Duties & Responsibilities:

CO-APPLICANT

Are you self-employed? Yes No

Present Occupation Current Salary (per year)

Company Phone

Address

City State Zip

Supervisor

May we contact him/her? Yes No

Describe Duties & Responsibilities:

Previous Business Experience

Date: from - to Position

Company Phone

Address

City State Zip

Date: from - to Position

Company Phone

Address

City State Zip

Date: from - to Position

Company Phone

Address

City State Zip

Date: from - to Position

Company Phone

Address

City State Zip

Education

Check last year of school completed:

High School: 1 2 3 4

College: 1 2 3 4

Graduate: 1 2 3 4

Name of college and/or graduate school:

Check last year of school completed:

High School: 1 2 3 4

College: 1 2 3 4

Graduate: 1 2 3 4

Name of college and/or graduate school:

Financial Information

Annual Income	Amount (\$)	Annual Expenditures	Amount (\$)
Salary (Applicant)		Federal Income & other Taxes	
Salary (Co-Applicant)		State Income & other Taxes	
Bonuses & Commissions (Applicant)		Rental Payments, Co-Op, or Condo Maintenance	
Bonuses & Commissions (Co-Applicant)		Mortgage Payments	Residential Investment
Rental Income		Property Taxes	Residential Investment
Interest Income		Interest & Principal Payments on Loans	
Dividend Income		Insurance	
Capital Gains		Investments (Including Tax Shelters)	
Partnership Income		Alimony/Child Support	
Other Investment Income		Tuition	
Other Income (List)		Other Living Expenses	
		Medical Expenses	
		Other Expenses (List)	
Total Income	\$	Total Expenditures	\$

Any significant changes expected in the next 12 months? yes no (If yes, attach information)

Assets	Amount (\$)	Annual Expenditures	Amount (\$)
Cash in Banks (List including Money Market Accounts, CDs, Etc.)		Notes Payable	Secured
			Unsecured
		(Schedule E)	
Readily Marketable Securities (Sched. A)		Accounts Payable (including credit cards)	
Non-Readily Marketable Securities (Sched. A)			
Account & Notes Receivable			
Net Cash Surrender Value of Life Insurance (Sched. B)			
Residential Real Estate (Sched. C)			
Real Estate Investments (Sched. C)		Margin Accounts	
Partnerships/S-Corporations (Sched. D)		Notes Due: Partnership (Sched. D)	
IRA, Keogh, Profit-Sharing & other Vested Retirement Accounts		Taxes Payable	
Deferred Income (no. of years deferred _____)		Mortgage Debt (Sched. C)	
Personal Property (including automobiles)		Life Insurance Loans (Sched. B)	
Other Assets (List):		Other Liabilities (List):	
Total Assets	\$	Total Liabilities	\$

NET WORTH (TOTAL ASSETS MINUS TOTAL LIABILITIES) \$

General Information

1. Income tax returns filed through [date]: _____
Are any returns being audited or contested? Yes No
2. Have [either of] you or any firm in which you were a major owner ever declared bankruptcy? Yes No
If yes, please provide details: _____
3. How did you hear about Swirlz Frozen Yogurt? _____
4. Do you have previous food service experience? Yes No
5. Do you have previous franchise experience? Yes No
If yes, please provide details: _____
6. Estimated minimum income required for your current living expenses (Monthly) \$ _____
7. Would this be your sole source of income? Yes No
8. Are you considering a partner? Yes No
If yes, will he/she be active in the business? Yes No
9. Who will be responsible for the daily operation? _____
10. Will this person[s] have an equity investment? Yes No
If yes, each person must fill out a separate application.
11. Amount of cash available for this investment? \$ _____
12. Do you have a financing source? Yes No
13. Amount of financing available \$ _____
14. If qualified, when would you be ready to open your Swirlz Frozen Yogurt Franchise? _____
15. Are you applying for:
 Single Unit Multiple Units Number: _____ Area development?
16. Location Preference:
A. _____ B. _____ C. _____

The undersigned certifies that he/she has carefully read the application and that the information submitted, financial and otherwise is true and correct. Swirlz Frozen Yogurt is authorized to check any references, credit or otherwise, to verify any and all information contained in this application. I understand that the information I am receiving from Swirlz Frozen Yogurt, it's employees or agents is confidential in nature, and will be held in strictest of confidence. None of the information given is to be used for any other purpose than which it was intended without prior written consent from Swirlz Frozen Yogurt.

Date

Your Signature

Date

Co-Applicant's Signature