



# FRANCHISE APPLICATION

**(Complete in Full, Please Print or Type Clearly)**

Date: \_\_\_\_\_

Referred By: \_\_\_\_\_

Citizen of the U.S.: Yes  No

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_

(Work) \_\_\_\_\_

Present Address: \_\_\_\_\_

County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ How Long? \_\_\_\_\_

Previous Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ How Long? \_\_\_\_\_

## EDUCATIONAL BACKGROUND

Schools Attended	Years	Grade or Degree Attained
_____	_____	_____
_____	_____	_____
_____	_____	_____

## EDUCATIONAL BACKGROUND

Self Employed

Employed By: \_\_\_\_\_ No. Years: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Position: \_\_\_\_\_

May we contact you at work? Yes  No

Previous Employer or Business: \_\_\_\_\_ No. Years: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Position: \_\_\_\_\_

## PERSONAL INFORMATION

Income from present occupation: \$ \_\_\_\_\_ per year. Other income: \$ \_\_\_\_\_ per year.

If other income, explain: \_\_\_\_\_

Personal Bank(s)

Name	Branch	Address	City & State
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Name	REFERENCES (excluding relatives) Address	Telephone #
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Have you ever been convicted of a felony? Yes  No

### SPECIFIC DATA

Estimated minimum income required for your current living expenses: \$ \_\_\_\_\_

Would this business be your sole source of income? \_\_\_\_\_

Own Home or Rent? \_\_\_\_\_ If own, Current Value: \$ \_\_\_\_\_ Mortgage: \$ \_\_\_\_\_

Your Total Assets: \$ \_\_\_\_\_ Your Total Liabilities: \$ \_\_\_\_\_ Your Net Worth: \$ \_\_\_\_\_

Amount of Cash Available for Investment: \$ \_\_\_\_\_ Do you have a Financing Source? Yes  No

Amount of Financing Available: \$ \_\_\_\_\_

If qualified, when would you be ready to invest in your Wild Wings'n Things Franchise? \_\_\_\_\_

Location Preference: \_\_\_\_\_

Do you intend to run this business yourself? \_\_\_\_\_

If not, who will be responsible for the daily operation of your unit? \_\_\_\_\_

If other individuals will be involved with you, list names and addresses below. (If names are to be included on the Franchise Agreement, please have these individuals fill out a separate application.)

I hereby acknowledge that information provided in this application is true, correct, and complete to the best of my knowledge. If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained, you must provide at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

Signature

Date