



**APPLICATION FOR FRANCHISEE**

Because this franchise requires a considerable cash investment it is necessary to establish your net worth. To help us evaluate your application please provide the follow information. This information is held in absolute confidence and does not obligate either party. Chocolate Apothecary Franchising LLC reserves the right to check credit and personal references.

**PERSONAL INFORMATION**

Date of Application \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Email Address \_\_\_\_\_

Home Address \_\_\_\_\_ How long? \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Previous Address \_\_\_\_\_ How long? \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

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

**BUSINESS INFORMATION**

If Self Employed; Name of Company \_\_\_\_\_

If Employed; Name of Company \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone \_\_\_\_\_ Web Site \_\_\_\_\_

May we contact you at work?  yes  no

Previous Employer or Business \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone \_\_\_\_\_ Web Site \_\_\_\_\_



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If other individuals will be helping you financially please have those individuals complete a separate application and send them in together.

**INCOME**

Annual income from present occupation \$ \_\_\_\_\_ Other annual income \$ \_\_\_\_\_  
If other income please explain its source \_\_\_\_\_

**BANK REFERENCE(S)**

Name	Branch	Address	City	State

**LIVING EXPENSES**

Estimated minimum income required for your current living expenses \$ \_\_\_\_\_ per month  
Would this business be your sole source of income?  yes  no  
Do you own your home or rent?  own  rent  
If you own your home what is its current value? \$ \_\_\_\_\_ Mortgage \$ \_\_\_\_\_

**AVAILABLE CASH**

Amount of available cash for investment? \$ \_\_\_\_\_  
Do you have a source of financing?  yes  no  
If yes, how much financing is available? \$ \_\_\_\_\_

**LOCATION PREFERENCE**

First Choice: City \_\_\_\_\_ State \_\_\_\_\_  
Second Choice: City \_\_\_\_\_ State \_\_\_\_\_  
Third Choice: City \_\_\_\_\_ State \_\_\_\_\_

When would you like to open a Chocolate Apothecary:  6 months  1 year  beyond 1 year  
Do you intend to run this business yourself?  yes  no  
If no, who will be responsible for the daily operation of the business? \_\_\_\_\_

How did you first hear about our franchise opportunity? \_\_\_\_\_

We appreciate your interest in Chocolate Apothecary. None of the information you have received should be construed as a solicitation to enter into a franchise agreement, but merely an exchange of information which does not obligate you or Chocolate Apothecary Franchising LLC.

I certify that the above information supplied by me is true and correct. I authorize release of any information deemed necessary by Chocolate Apothecary Franchising LLC to verify any and all of the above information. I hold Chocolate Apothecary Franchising LLC harmless for any damages arising from verification of the information contained herein.

Date \_\_\_\_\_ Signed \_\_\_\_\_

Print Name \_\_\_\_\_