



### CONFIDENTIAL FRANCHISE APPLICATION

Fax this form to 734-769-0894, attention Lisa Bee, Franchise Development Department

#### PERSONAL DATA

Your Name: \_\_\_\_\_ S.S.#: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ S.S.#: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Address: \_\_\_\_\_ How Long?: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Are You A U.S. Citizen?: \_\_\_\_\_ Is Your Spouse a U.S. Citizen?: \_\_\_\_\_

Cell Phone:( ) \_\_\_\_\_ Home Phone:( ) \_\_\_\_\_

Business Phone:( ) \_\_\_\_\_ Fax Number:( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ # of Dependants: \_\_\_\_\_

Why are you interested in Sweetwaters' franchise program? (attach additional page if necessary): \_\_\_\_\_

Geographic Areas of Interest: City/State \_\_\_\_\_ City/State \_\_\_\_\_

Interested In: Single Unit \_\_\_\_\_ Multi Unit \_\_\_\_\_ Area Development \_\_\_\_\_

If approved, how soon can you enter into the program?: \_\_\_\_\_

Will you operate your store day to day? Yes No Will you have partners? Yes No

If yes, what is their relationship to you? \_\_\_\_\_

Are you considering other franchise businesses? Yes No If yes, which ones: \_\_\_\_\_

Are you considering other coffeehouse franchises? Yes No If yes, which ones: \_\_\_\_\_

#### PERSONAL REFERENCES (other than relatives):

1. \_\_\_\_\_ ( ) -

2. \_\_\_\_\_ ( ) -

#### BUSINESS REFERENCES

1. \_\_\_\_\_ ( ) -

2. \_\_\_\_\_ ( ) -

Do you have any food service experience? Please Explain: \_\_\_\_\_

#### EMPLOYMENT DATA – please attach resume and answer questions below.

Your Employer: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

Position/Occupation: \_\_\_\_\_ How Long?: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

Position/Occupation: \_\_\_\_\_ How Long?: \_\_\_\_\_

Outside hobbies, activities, interests?: \_\_\_\_\_



## CONFIDENTIAL FINANCIAL APPLICATION

Fax this form to 734-769-0894, attention Lisa Bee. Franchise Development Department.

### FINANCIAL DATA

#### ASSETS

Cash in Checking accounts: \$ \_\_\_\_\_

Cash in Savings accounts: \$ \_\_\_\_\_

Stocks and Bonds: \$ \_\_\_\_\_

IRA's, retirement plans: \$ \_\_\_\_\_

Real Estate, Home: \$ \_\_\_\_\_

Real Estate, Other: \$ \_\_\_\_\_

Other Assets: \$ \_\_\_\_\_

Other 1: \$ \_\_\_\_\_

Other 3: \$ \_\_\_\_\_

Other 5: \$ \_\_\_\_\_

  

Total \$ \_\_\_\_\_

#### LIABILITIES

Notes payable to bank: \$ \_\_\_\_\_

Notes payable to others: \$ \_\_\_\_\_

Real Estate Indebtedness: \$ \_\_\_\_\_

Charge Accounts: \$ \_\_\_\_\_

Credit Cards: \$ \_\_\_\_\_

Taxes Payable: \$ \_\_\_\_\_

Taxes Payable: \$ \_\_\_\_\_

Other 2: \$ \_\_\_\_\_

Other 4: \$ \_\_\_\_\_

Other 6: \$ \_\_\_\_\_

  

Total: \$ \_\_\_\_\_

NET WORTH (total assets minus liabilities) \$ \_\_\_\_\_ Liquid Capital \$ \_\_\_\_\_

Do you have a financial partner or any other personal source of investment capital? Yes: \_\_\_ No: \_\_\_ if yes, explain:

How do you plan on financing the development, build-out and opening of the store(s)? \_\_\_\_\_

How did you hear about us?: \_\_\_\_\_

**IMPORTANT:** This application is to be completed by all parties pursuing a relationship with Sweetwaters. It is understood that the purpose of this information is to evaluate your qualifications to be awarded a Sweetwaters franchise. The information contained herein will be held in the strictest confidence. Returning this form does not obligate Sweetwaters or the applicant in any way or manner. I certify that the above information is a true and correct representation of my personal and financial condition and authorize Sweetwaters to verify, through usual and customary commercial channels, including financial institutions and credit agencies, the information provided by me.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_