



# Franchise Application

The information given will be treated discreetly. Neither application nor Granny NANNIES is obligated in any way by submission of this application. If necessary, attach additional sheets.

## Personal Information

DATE:			HOME PHONE:		
NAME:			MOBILE PHONE:		
HOME ADDRESS:			BUSINESS PHONE:		
CITY:	STATE:	ZIP:	E-MAIL ADDRESS:		
SOCIAL SECURITY #:			BEST TIME AND PLACE TO CALL:		
PREVIOUS ADDRESS:			MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED		
CITY:	STATE:	ZIP:			
NAME OF SPOUSE:			NUMBER OF CHILDREN:		
CITIZEN OF:		PORT OF ENTRY:			
LOCATION:		ALIEN REGISTRATION #:		DATE NATURALIZED:	
DO YOU OWN A HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO		DO YOU RENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		HOW LONG?	
HOW DID YOU HEAR ABOUT GRANNY NANNIES?					

## Business Background

COMPANY:			FROM:	TO:
ADDRESS:			LAST POSITION HELD:	
CITY:	STATE:	ZIP:	NAME OF SUPERVISOR:	
COMPANY:			FROM:	TO:
ADDRESS:			LAST POSITION HELD:	
CITY:	STATE:	ZIP:	NAME OF SUPERVISOR:	

## Education (Last year of completion)

<input type="checkbox"/> HIGH SCHOOL	<input type="checkbox"/> COLLEGE	<input type="checkbox"/> GRADUATE SCHOOL	COLLEGE ATTENDED:	YEAR GRADUATED:
			DEGREE:	

## Business Operations Information

WILL YOU DEVOTE YOUR FULL TIME TO THE BUSINESS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF NOT, WHO WILL?		
HOME ADDRESS:	CITY:	STATE:	ZIP:	

WILL ANY OF YOUR FAMILY MEMBERS BE INVOLVED WITH THE DAY-TO-DAY OPERATIONS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, IN WHAT CAPACITY?
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WILL YOU HAVE INVESTORS/PARTNERS IN THE BUSINESS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, COMPLETE TABLE BELOW:
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NAME OF PARTNER/INVESTOR	PERCENTAGE OF OWNERSHIP	CAPITAL CONTRIBUTION

WILL THE TOTAL INVESTMENT COME FROM YOUR PERSONAL CAPITAL?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF NOT, HOW WILL FINANCING BE ARRANGED?	

HAVE YOU OR ANY BUSINESS ENTITY IN WHICH YOU OWNED AN INTEREST IN EVER BEEN INVOLVED IN BANKRUPTCY PROCEEDINGS OR COMPROMISED BY CREDITORS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE EXPLAIN:	

HAVE YOU EVER HAD A PROFESSIONAL LICENCE, REGISTRATION OR CERTIFICATION DENIED, WITHDRAWN, SUSPENDED, REVOKED, OR OTHERWISE CONSTRAINED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE EXPLAIN:	

## Franchise Location Information

FIRST CHOICE:	SECOND CHOICE:
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YOU ARE WILLING TO RELOCATE? IF YES, WHAT OTHER LOCATIONS WOULD YOU BE INTERESTED IN?	<input type="checkbox"/> YES <input type="checkbox"/> NO
FIRST CHOICE:	SECOND CHOICE:

HOW SOON ARE YOU WANTING TO START YOUR BUSINESS?	<input type="checkbox"/> IMMEDIATELY	<input type="checkbox"/> 3-6 MONTHS	<input type="checkbox"/> 6-12 MONTHS	<input type="checkbox"/> 1+ YEAR(S)
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# Personal Financials

ASSETS	AMOUNT	LIABILITIES	AMOUNT
1. CASH ON HAND AND IN BANKS		21. NOTES DUE TO BANKS	
2. CASH VALUE OF LIFE INSURANCE		22. NOTES DUE TO RELATIVE AND FRIENDS	
3. U.S. GOVERNMENT SECURITIES		23. NOTES DUE TO OTHERS	
4. OTHER MARKETABLE SECURITIES		24. ACCOUNTS AND BILLS PAYABLE	
5. NOTES & ACCOUNTS RECEIVABLE - GOOD		25. UNPAID INCOME TAXES DUE- <input type="checkbox"/> FEDERAL <input type="checkbox"/> STATE	
6. OTHER ASSETS READILY CONVERTIBLE TO CASH - ITEMIZE		26. OTHER UNPAID TAXES AND INTEREST	
7.		27. LOANS ON LIFE INSURANCE POLICIES	
8.		28. CONTRACT ACCOUNTS PAYABLE	
9.		29. CASH RENT OWED	
<b>10 TOTAL CURRENT ASSETS</b>		30. OTHER LIABILITIES DUE WITHIN 1 YEAR - ITEMIZE	
11. REAL ESTATE OWNED		31.	
12. MORTGAGES & CONTACTS OWNED		32.	
13. NOTES & ACCOUNTS RECEIVABLE - DOUBTFUL		<b>33. TOTAL CURRENT LIABILITIES</b>	
14. NOTES DUE FROM RELATIVES & FRIENDS		34. REAL ESTATE MORTGAGES PAYABLE	
15. OTHER SECURITIES - NOT READILY MARKETABLE		35. LIENS & ASSESSMENTS PAYABLE	
16. PERSONAL PROPERTY		36. OTHER DEBTS - ITEMIZE	
17. OTHER ASSETS - ITEMIZE		37.	
18.		38. TOTAL LIABILITIES	
19.		<b>39. NET WORTH (TOTAL ASSETS minus TOTAL LIABILITIES)</b>	
<b>20. TOTAL ASSETS</b>		<b>40. TOTAL LIABILITIES AND NET WORTH</b>	

ANNUAL INCOME (RECENT YEAR)	AMOUNT	ESTIMATE OF ANNUAL EXPENSES (CURRENT YEAR)	AMOUNT
SALARY, BONUSES & COMMISSIONS		INCOME TAXES	
DIVIDENS & INTERESTS		OTHER TAXES	
RENTAL & LEASE INCOME (NET)		INSURANCE PREMIUMS	
OTHER INCOME		MORTGAGE PAYMENTS	
		RENT PAYABLE	
		OTHER EXPENSES	
<b>TOTAL INCOME</b>		<b>TOTAL EXPENSES</b>	

CONTINGENT LIABILITIES	AMOUNT
AS ENDORSER, CO-MAKER OR GUARANTOR	
ON LEASES OR CONTRACTS	
LEGAL CLAIMS	
FEDERAL -STATE INCOME TAXES	
OTHER	
<b>TOTAL</b>	

The undersigned certifies that the information supplied on this application and the personal financial statement and any financial information supplies on other forms is true and correct. The undersigned further certifies that additional information provided in connection with this applications shall also be true and correct. Processing of this application will not begin until all information is submitted

I authorize investigation (including the preparation of credit reports) of all statements contained herein, and the financial information disclosed herein, and release all parties from all liability for any damage that may result from furnishing any information to you.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

All information on this application must be completes in full before any further processing can take place.