

# PRELIMINARY APPLICATION

(Please Type or Print)

## PERSONAL INFORMATION

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Marital Status: \_\_\_\_\_ Number and ages of children:

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

## EDUCATION

Institution: \_\_\_\_\_ Did You Graduate? \_\_\_\_\_ Date Graduated: \_\_\_\_\_

Degree \_\_\_\_\_ Other: \_\_\_\_\_

## BUSINESS EXPERIENCE

Current Employer: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Type of Business: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Type of Business: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Type of Business: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

Spouse's Previous Employer: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Type of Business: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

Memberships and Affiliations: \_\_\_\_\_

\_\_\_\_\_

**FINANCIAL INFORMATION**

Approximate Income:\$\_\_\_\_\_ Spouse's:\$\_\_\_\_\_ Approximate Net Worth:  
\$\_\_\_\_\_ Approximate Cash Available for Investment: \$\_\_\_\_\_

I understand that any associates who join me in the ownership of the franchise must also complete a Preliminary Application. Please send forms to:

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you presently: Own  or Rent  House  Condo  or Apt. ? Approx. Equity in Home:\_\_\_\_\_

Do you have a source of financing for this investment? Yes  No  Source(s):\_\_\_\_\_

My Primary Bank:\_\_\_\_\_

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

City:\_\_\_\_\_ State:\_\_\_\_\_ Zip:\_\_\_\_\_

Person to Contact:\_\_\_\_\_

Additional Pertinent Information: (attach separate sheet, if necessary):\_\_\_\_\_

I understand that a more complete financial statement will be required prior to the sale of a D'Bo's Wings N' Things franchise.

**GENERAL INFORMATION**

By what date do you wish to open your franchise? \_\_\_\_\_ What City/Area(s)?\_\_\_\_\_

Are you willing to relocate?  Yes  No If yes, to what area(s)?\_\_\_\_\_

General remarks and/or questions: (attach separate sheet, if necessary) \_\_\_\_\_

I understand that your receipt of this data or any other information obligates neither me nor D'Bo's Franchising, Inc. and that this information is confidential.

By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Applicant)