

## FRANCHISE APPLICATION

*Except to the extent necessary to process this application, otherwise described below, or required by law, we will keep your financial and personal information confidential. We will not contact your current employer without your consent.*

**Instructions:**

- } Complete and return this application in connection with your interest in being approved to become Popcorn-Place franchisee
- } Complete this application and print neatly (it will be scanned electronically)
- } Each person or entity that would have an interest in the franchise must submit an application (a married couple may complete a single form)

Application Date:	
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How did you first hear about our franchise program?: (please select one)	<input type="checkbox"/> Website <input type="checkbox"/> Internet articles <input type="checkbox"/> Existing franchisee	<input type="checkbox"/> Newspaper advertisement <input type="checkbox"/> Newspaper article <input type="checkbox"/> Other
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**PERSONAL INFORMATION**

Name:	
	First Middle Last
Citizenship:	
Date of Birth:	

Current Home Address:		Check One Box:	<input type="checkbox"/> Own	
	Number and Street		<input type="checkbox"/> Rent	
			Lived at this address for:	
	State, City and Zip Code			Years Months

Contact Information	Applicant	Co-Applicant
Home:		

Work/Office:		
Fax:		
Mobile:		
E-mail:		

Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married
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**YOUR INTEREST IN BECOMING A POPCORN-PLACE FRANCHISEE**

Why do you want to become a Popcorn-Place franchisee?	

**GEOGRAPHIC INTEREST**

Please tell us about any specific area or site you have in mind. (Please note that approval of your application will not imply any development rights to a site or area you identify)	

**BUSINESS EXPERIENCE**

	Applicant	Co-Applicant	If Yes to any of the following questions, then provide complete details, including name, state, and nature of your involvement.
Do you now or have you ever owned, managed or held an interest in any dessert or bakery business?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	<input type="checkbox"/> No	
Do you currently have an interest in any other	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	

business?	<input type="checkbox"/> No	<input type="checkbox"/> No	
Have you ever been a franchisee with respect to a business not identified above?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	<input type="checkbox"/> No	