



Franchise Application

Note: The completion of this franchise application should not be considered a grant of a franchise. No offer or grant of a franchise will be made except by a franchise disclosure document and signed franchise agreement first filed and registered with applicable state authorities.

Personal Information

First Name	Middle Name	Last Name	E-mail address	
Home Phone #	Cell Phone #	Best time to call		
Home Address	City	State	Zip	
Social Security #	Date of Birth	Place of Birth	Driver's License #	State of Issue
Marital Status (select one that applies) Single _____ Separated _____ Married _____ Divorced _____				
Spouse's First Name	Spouse's Middle Name	Spouse's Last Name	Spouse's Social Security #	
Spouse's Date of Birth	Number of Children	Ages of Children	Other Dependents	

Background Information

Are you a United States Citizen? Yes _____ No _____

Have you moved in the past seven years? Yes _____ No _____

Have you or your spouse ever been convicted of anything other than a minor traffic violation? Yes _____ No _____

Are you involved in any pending litigation? Yes _____ No _____

Have you or your spouse ever filed bankruptcy? Yes _____ No _____

Have you or your spouse ever sued or been sued? Yes _____ No _____

Have you or your spouse ever been associated directly or indirectly with terrorist activity? Yes _____ No _____

Are you, your spouse (and/or your business) current in your tax obligations? Yes _____ No _____

Were you, your spouse (and/or your business) ever subject to a tax lien? Yes _____ No _____

Will this business be your primary source of income? Yes _____ No _____

Indicate all persons who will have ownership in the business, including you. _____

Note: all individuals identified above must complete a franchise agreement.

Education History

Last School Attended	Course of Study	Years Completed	Degree Earned
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Additional School Attended	Course of Study	Years Completed	Degree Earned
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Additional School Attended	Course of Study	Years Completed	Degree Earned
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Employment History

*list all previous employers for the past seven years. If more room is needed complete on a separate sheet.

Current Employer	Nature of Business	Start to Finish Date (mm/dd/yy to mm/dd/yy)
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Address of Business	Telephone #	Annual Salary
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Position and Responsibilities	May we contact this employer?
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Previous Employer	Nature of Business	Start to Finish Date (mm/dd/yy to mm/dd/yy)
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Address of Business	Telephone #	Position and Responsibilities
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Reason for leaving	Annual Salary	May we contact this employer?
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Employment record of Spouse	Nature of Business	Start to Finish Date (mm/dd/yy to mm/dd/yy)
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Address of Business	Telephone #	Position and Responsibilities
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Annual Salary	May we contact this employer?
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Short Answers

1. Do you plan to devote your full time to this business?

2. Will your spouse/business partner play an active role in the business?

3. Do you have restaurant experience? If yes, explain.

4. Have you ever owed a business or franchise? If so, explain. If no, skip to question 7.

*Complete the following if you answered yes to the above question.

5. Select one that applies about the business you owned.

Franchised business _____ Inherited business _____ Founder of business _____

Business Name	Address	How many years owned	How many employees
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6. Describe how the business changed when you owned it?

7. What attracted you to the Chillers opportunity?

8. What are your personal goals in owning and operating a Chillers? Where do you see yourself in 5 years?

9. Do you have any hobbies, special interest?

10. Does there appear to be any disadvantage to owning one of our franchises? If so, explain.

11. What is the biggest advantage in purchasing a Chillers Franchise over a competitor?

Business Interest

City of interest- First Choice State of Interest Specific Address – (if applicable)

City of interest- Second Choice State of Interest Specific Address – (if applicable)

Is the proposed location/s within a 20 minute drive from your home? Yes _____ No _____

Are you planning to purchase, lease, or already own the real estate? Purchase _____ Lease _____ Own _____

How soon would you want to open? _____

How much cash are you planning on investing in the franchise? _____

Proposed Business Ownership

Partner/ Investor Name % of ownership Amount willing to invest Working or Silent Partner

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Financial Statement

The following statements are accurate as of (date): _____

Present Annual Income: Applicant's Income \$ _____ Spouse's Income \$ _____

Select one that applies: Own Home _____ Rent _____ Other: _____

Home Payment per Month \$ _____ Rent Payment per Month \$ _____

Cash on Hand	\$
Home Value	\$
Stocks and Bonds	\$
Other Real Estate	\$
Autos	\$
Personal Property	\$
Retirement	\$
Other	\$
*Total Assets (A)	\$

Notes Payable	\$
Real Estate Loans	\$
Auto Loan	\$
Credit Card Debt	\$
Bills Payable	\$
Other Debts	\$
* Total Liabilities (B)	\$
*Total Assets (A)	\$
*Total Liabilities (B)	\$
Net Worth (A-B)	\$

From what sources of funds above do you plan to use for cash investment? _____

If the required investment is not available, how would the capital be obtained? _____

References

Personal Reference	Telephone #	Years Known	Address
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Personal Reference	Telephone #	Years Known	Address
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Business Reference	Telephone #	Years Known	Address
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Business Reference	Telephone #	Years Known	Address
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Former Addresses

*List your former address for the past 7 years.

Home Address	City	State	Zip
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Home Address	City	State	Zip
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Authorization and Release

I, the undersigned consumer, do hereby authorize Chillers Franchise, Inc. and its affiliated companies, by and through its independent contractors if any, to obtain a consumer report and/or investigative consumer report on me.

These above-mentioned reports may include, but are not limited to: employment and education verifications, personal references, personal interviews, personal credit history based on reports from any credit bureau, driving history including traffic citations, a social security verification, present and former addresses, criminal and civic history/records and any other public record, and any other information bearing on my credit standing, credit capacity, credit worthiness, character, general reputation, personal characteristics, trustworthiness, and mode of living.

Law enforcement and other government agencies are authorized to release to Chillers Franchise, Inc. and its affiliated companies, by and through its independent contractors if any, any existing personal information regarding myself relative to the conviction or arrest for any criminal act. In addition, I authorize all appropriate individuals, companies, institutions or agencies to release information that Chillers Franchise, Inc. deems necessary to complete the investigative consumer report.

A photocopy/faxed copy of this release will be valid as an original, even though the said photocopy does not contain original writing of my signature.

I certify that I have carefully read the franchise application and it is complete, true and correct in all respects. I will immediately notify you in writing if there is a material change in my financial condition or any information listed above. I have been advised and understand that any misrepresentation or inaccuracy in the information provided by me will be grounds for termination of any agreement entered into. Notwithstanding this acknowledgment, I understand and agree that nothing contained in this franchise application obligates Chillers Franchise, Inc. to offer or grant me a franchise.

Applicant's Full Printed Legal Name:

First _____ Middle _____ Last _____

Applicant's Signature: _____ Date: _____

Please submit your completed franchise application in either of the following ways:

Mail to:
Chillers Franchise Application
Attention: Trevor Young
P.O. Box 603
Floyds Knobs, IN 47119

Fax to:
Chillers Franchise Application
Attention: Trevor Young
812-246-3086