



Franchise Application

This application does not obligate either party to move forward with a franchise commitment.

I. Personal Information:

Name: (first, middle, last) _____

Home Address: _____

City: _____ State: _____

Zip: _____

If less than five years at previous address, list address:

City: _____ State: _____

Zip: _____

Date of Birth: _____

SS#: _____

Citizenship: _____ Driver's

License#: _____

Home Phone#: _____ Business

Phone#: _____

Fax#: _____

E-mail: _____

May we contact you at your work phone? Yes _____ No _____

Marital

Status: _____

Name of spouse: _____

Spouse's SS#: _____ Spouse's Date of

Birth: _____

Spouse's

Citizenship: _____

Number and ages of dependents: _____

II. General Information

How did you hear about Eye Candy Brow Salons?: _____

Geographical area of interest for Eye Candy Brow Salons franchise ownership:

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

Percentage of time applicant would devote to business operations:

Full-Time: _____

Percentage: _____

Investor only: _____

Amount of cash available to start up the franchise: _____

Plan/ability to finance the balance of funds required: _____

Applicant's desired time of beginning the business: _____

Applicant's experience in owning a business: _____

What type of previous business owned: _____

When owned: _____

What happened?: _____

Applicant's experience in any other venture(s) (please list): _____

III. Education

Highest level of school completed:

Name of School: _____

IV. Employment

Current Employer/Name of Company: _____

Company Address: _____

City: _____ State: _____

Zip: _____

Phone#: _____ Current

Position: _____

Dates of Employment—From: _____ to _____

Previous Employer/Name of Company: _____

Company Address: _____

City: _____ State: _____

Zip: _____

Phone#: _____ Position/Salary

Level: _____

Dates of Employment—From: _____ to _____

Previous Employer/Name of Company: _____

Company Address: _____

City: _____ State: _____

Zip: _____

Phone#: _____ Position/Salary

Level: _____

Dates of Employment—From: _____ to _____

V. Experience

Describe the experience(s) you have had that you believe will enable you to be successful as an EYE CANDY BROW SALON

Franchisee: _____

How are you involved in your community: _____

What is it about a Eye Candy Brow Salons Franchise that most appeals to you? _____

Have you ever filed bankruptcy? _____ If so, when and why filed?: _____

Have you ever been arrested or convicted of a crime? _____ If so, please explain: _____

If you have ever been a party to a lawsuit or other legal action, please disclose and explain: _____

VI. Additional Information

- This information is being supplied for the purposes of applying for a Eye Candy Brow Salon Franchise and shall be kept in the strictest confidence by Eye Candy Brow Salon except as necessary to complete background and financial checks.
- This application does not obligate either party to move forward with a franchise commitment.
- The information supplied by me on this application is true to the best of my knowledge. I understand that necessary credit and reference inquiries will be made and I hereby authorize the release of such information to Eye Candy Brow Salons.

Signature: _____ **Date:** _____
