

**GROUNDS FOR COFFEE
FRANCHISING CORPORATION**

Application for Franchise

PERSONAL INFORMATION

Please have everyone who would be named on your potential Franchise Agreement fill out an application. When completed mail it to: GFCFC, 1546 East Sunnyside Avenue, Salt Lake City, UT 84105. All information is kept strictly confidential.

Full Name _____		Social Security Number _____	
Mailing Address _____		City _____	State _____ Zip _____
Home Phone _____	Work Phone _____	Cell Phone _____	Email Address _____
Date of Birth _____	Married? <input type="checkbox"/> No <input type="checkbox"/> Yes, how long _____	Spouse's Date of Birth _____	
Spouse's Name _____		Social Security Number _____	
Will your spouse be working in the Coffee Shop? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Will you have a second source of income? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, how much per month \$ _____			
Will you have a business partner(s)? <input type="checkbox"/> If so, please have your partner(s) submit an application also.			

FINANCIAL INFORMATION

	ASSETS		INCOME
Cash, Checking, Savings	_____	Salary	_____
Securities	_____	Spouse's Salary	_____
Retirement (401K, IRA, etc.)	_____	Interest + Dividends	_____
Real Estate Market Value	_____	Other	_____
Personal Property	_____		_____
Other Assets	_____		_____
TOTAL ASSETS	_____	TOTAL INCOME	_____
	LIABILITIES		EXPENSES
Accounts + Bills Due	_____	Rent or Mortgage	_____
Notes Payable to Banks/Others	_____	Living Expenses	_____
Real Estate Mortgages	_____	Other	_____
Other Debts	_____		_____
TOTAL LIABILITIES	_____	TOTAL EXPENSES	_____
NET WORTH (Assets minus Liabilities)	=====	MONTHLY CASH FLOW (Income minus Expenses)	=====

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EMPLOYMENT HISTORY

Please list your employment information for the past 7 years.

Current Employer Name, Address, and Phone Number:

_____ Hire Date: _____

_____ Position: _____

_____ Supervisor's Name: _____

_____ Job Skills: _____

Previous Employer Name, Address, and Phone Number:

_____ Employment Dates: From: _____ To: _____

_____ Position: _____

_____ Supervisor's Name: _____

_____ Job Skills: _____

Previous Employer Name, Address, and Phone Number:

_____ Employment Dates: From: _____ To: _____

_____ Position: _____

_____ Supervisor's Name: _____

_____ Job Skills: _____

Previous Employer Name, Address, and Phone Number:

_____ Employment Dates: From: _____ To: _____

_____ Position: _____

_____ Supervisor's Name: _____

_____ Job Skills: _____

May we contact your current or previous employer(s) to verify employment information and job reference? Yes _____

No _____, if no, whom should we NOT contact? _____

SIGNATURES

I/we promise that everything we have stated in this application is true and accurate, to the best of my/our knowledge. I/we hereby consent to Grounds for Coffee Franchising Corporation conducting or causing to be conducted such personal investigation as it may deem necessary with respect to this application. (If married, both spouses must sign)

Signed

Date

Signed

Date