

Confidential

Franchise Application



Applicant Name

This application does not obligate either party in any manner.

12155 Mora Drive, Suite 1 • Santa Fe Springs, CA 90670

TEL: 562-906-2300 • FAX: 562-381-7234 • EMAIL: franchise@blizzyogurt.com

www.blizzyogurt.com

Franchise Application

Applicant

Name (First, MI, Last)		
Home Phone	Business Phone	
Address	City	State/ Zip Code
Email Address		
Spouse's Name (First, MI, Last)		
Have you or your spouse ever been convicted of a felony? If yes, explain.		
Have you or your spouse ever declared bankruptcy? If yes, explain.		
Of which country are you a citizen?		

Education

High School/Location	Years Attended	
Colleges/Location	Years Attended	Degree/Major
Colleges/Location	Years Attended	Degree/Major
Graduate School/Location	Years Attended	Degree/Major

References (Please provide 2 personal and 2 business references)

Personal/Name	Phone Number	Relationship
Personal/Name	Phone Number	Relationship
Business/Name	Phone Number	Relationship
Business/Name	Phone Number	Relationship

Employment Experience

Current Occupation	Job Title	Dates Employed
Company	Address (City, State, Zip)	
Describe duties, responsibilities and number of staff supervised:		
May we contact: Yes _____ No _____		

Previous Employment Experience (List most recent first)

Previous Occupation	Job Title	Dates Employed
Company	Address (City, State, Zip)	
Describe duties, responsibilities and number of staff supervised:		
May we contact: Yes _____ No _____		

Previous Occupation	Job Title	Dates Employed
Company	Address (City, State, Zip)	
Describe duties, responsibilities and number of staff supervised:		
May we contact: Yes _____ No _____		

Previous Occupation	Job Title	Dates Employed
Company	Address (City, State, Zip)	
Describe duties, responsibilities and number of staff supervised:		
May we contact: Yes _____ No _____		

Business Experience

Have you ever owned your own business or franchise? If Yes, please explain.

Miscellaneous Information

Is there a particular geographic area or site that you are interested in? Please specify.

How did you become aware of Biizz?

How much time will you devote to the business?
If less than full time, please explain.

Please state any reasons or skills that would help make you a successful Blizz franchisee?

How much capital are you willing to invest into a franchise? \$

What other sources of funding are you planning to make the Franchise investment? \$

Do you plan to have any partners/investors? Yes _____ No _____
Explain:

Execution:

The submitted information is my complete and true personal and financial condition as of the date of execution. In accordance with the Privacy Act (5 U.S.C. 552a), Freedom of Information Act and The Fair Credit Reporting Act, I expressly authorize any present or past employer, any law enforcement agency, governmental authority, or any person who has personal knowledge of my work experience, criminal records, or character to release this information to Blizz Frozen Yogurt. I understand and acknowledge that, as a condition for applying for a Blizz Frozen Yogurt franchise, I must submit to a credit history check and that Blizz Frozen Yogurt may use those results in determining whether I am eligible for a franchise. If requested by Blizz Frozen Yogurt, I agree to supply additional statements to support the value of assets stated on this application, and agree to furnish my last three years of personal and business tax returns. As Blizz Frozen Yogurt is relying upon the submitted information in evaluating my application to be a Blizz Frozen Yogurt franchisee, I agree to promptly advise of any material change in any of the submitted or subsequent information submitted to Blizz Frozen Yogurt. Additionally, I release all persons from liability as a result of true, accurate information.

I also certify that neither I nor any of my funding sources is or has ever been a terrorist or suspected terrorist, or a person or entity described in Section 1 of U. S. Executive Order 13224, issued September 23, 2001, as such persons or entities are described at www.usrea.gov/offices/enforcement/ofac. I agree to comply with and to assist Blizz Frozen Yogurt to the fullest extent possible in Blizz Frozen Yogurt's efforts to comply with such law.

Signature: _____ Signature _____

Date: _____ Date: _____

A photocopy, facsimile or an e-mail of this executed Franchise Application shall be valid as if it were an original.

This application does not obligate any party in any manner.

Confidentiality and Non-Disclosure Agreement

My signature below acknowledges that Blizz Frozen Yogurt is providing pertinent confidential and proprietary documents and information relating to Blizz Frozen Yogurt, during the application process.

The undersigned agrees that this and any subsequent information received will be held in the strictest confidence and used only for the sole intention of evaluation of negotiating a Blizz Frozen Yogurt Franchise. The undersigned further agrees this information shall only be made available to his/her legal and financial advisors, and then only under the terms and conditions that are set forth herein.

In the event that I decide that there is no interest in negotiating the acquisition of a Blizz Frozen Yogurt Franchise, all documents and information provided, with the exception of the Franchise Development Document shall be returned to Blizz Frozen Yogurt.

Applicant Name: _____

Spouse Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____