

PRELIMINARY APPLICATION



FAX: 727-345-0338

Last Name:		First Name:		Middle Name:		Birth Date:
Daytime Phone:	Evening Phone:	Email Address:		Current Occupation:		Current Salary:
Current Address:		City:		State:	Zip Code:	Own Home? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Spouse:			Current Occupation:			Current Salary:

Will spouse be involved in the business? If so, when? Yes No

Check the areas where you have experience:

- | | | | |
|-------------------------------------|--|--------------------------------------|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Administration | <input type="checkbox"/> Advertising | <input type="checkbox"/> Outside Sales |
| <input type="checkbox"/> Budgeting | <input type="checkbox"/> Business Management | <input type="checkbox"/> Computers | <input type="checkbox"/> Sales Management |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Merchandising | <input type="checkbox"/> Personnel | |

Preferred Location (City, State)

1.

2.

Our Town initial investment is \$47,500. You should also have funds for working capital and living expenses during the start-up phase of your franchise. What is your source for these funds?

Do you have any judgments or liens, or have you been a party to any litigation? Yes No
Have you ever filed for bankruptcy? Yes No

If 'Yes' to either of the 2 previous questions, please attach a detailed explanation.

Do you have sources of monthly income other than current salaries? Yes No
If 'Yes', please list source(s) and amount:

Your approximate annual household income:

Your approximate monthly expenses:

* The purpose of this questionnaire is for general information only. It is further understood that it is not a contract and thereby does not incur any obligation on either party.

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