



MESH BRANDS, LLC FRANCHISE APPLICATION

To be completed by each proposed partner of the Franchise Group

Date: _____

In which franchise(s) are you interested?

Fosters Freeze

GW Gyro & Wings

Yogurtini

PERSONAL DATA

Name: _____ Date of Birth: _____

Address: _____ No. of years at this address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Best time to call: _____ Email: _____

Citizenship Status: _____ Marital Status: _____ Name of Spouse: _____

Number of Dependents: _____ Ages: _____

How did you become aware of this franchise opportunity?

When are you anticipating to open your business? 3-6 mos. 6-9 mos. 9-12 mos. >12 mos.

BUSINESS EXPERIENCE: (Please list company name, type of business, position held, dates position held, and your most significant accomplishment)

Present/Most Recent Position: _____

Job Duties: _____

Will you be leaving this employment to open your business? YES NO Total Current Salary \$ _____

Previous Position: _____

Job Duties: _____

Have you ever been self-employed? YES NO

If so, explain

Professional and/or business affiliations: _____

PRELIMINARY FINANCIAL DISCLOSURE:

Unencumbered Liquid Assets Available for Investment in a Franchise \$ _____

ASSETS

Cash on Hand & In Banks	\$ _____
Savings Funds/Certificates	\$ _____
Personal Residence	\$ _____
Other Real Estate	\$ _____
Stocks, Bonds, & Securities	\$ _____
Businesses Owned	\$ _____
Other Assets (Describe)	\$ _____
Total Assets	\$ _____

LIABILITIES

Notes Payable	\$ _____
Home Mortgage	\$ _____
Current Obligations:	
Vehicle Loans	\$ _____
Student Loans	\$ _____
Credit Card Debt	\$ _____
Any Other Debt	\$ _____
Total Liabilities	\$ _____

Net Worth (Assets – Liabilities) \$ _____

Have you ever declared bankruptcy, or defaulted on a loan? YES NO

BUSINESS AND MANAGEMENT GOALS:

Will you operate the store daily? YES NO

Will your spouse be active in the franchise? YES NO

Do you plan to have equity partners? YES NO

IF YES TO EQUITY PARTNERS, PLEASE IDENTIFY ALL

<u>NAME</u>	<u>EMAIL</u>	<u>CELL PHONE</u>	<u>ACTIVE IN FRANCHISE OPERATION?</u>
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Have you worked in the food service industry? If yes, please describe your role(s) and length of experience.

List any current or past franchise businesses you have owned or operated:

Why do you believe you can successfully operate a Mesh Brands franchise?

What are your personal/professional goals for the next 5 years?

Do you have a specific location or geographical area identified?

Do you know any current or former Mesh Brands owners? If yes, who?

Additional information or comments that you might like to share with us in evaluating your application:

PLEASE ATTACH RESUME IF AVAILABLE.

SIGNATURE & ACKNOWLEDGEMENT:

By signing below, I certify that the information provided in this application is true and complete to the best of my knowledge. I authorize the Mesh Brands, LLC to conduct background and credit checks as part of the review process. Any information submitted will be kept strictly confidential. I understand that completing this application does not guarantee approval or create any binding obligation between the applicant and Mesh Brands, LLC.

Signature: _____ Date: _____

Please mail or email completed form to:

Mesh Brands, LLC
c/o Kristen Greve, VP of Franchising
57 Executive Park Dr NE Suite 130, Atlanta, GA 30329

kristen@greatwraps.com