

Please fax or email completed form to:

239-240-6502

www.healthpub.info



FRANCHISE APPLICATION FORM

The information requested in this form is to be used to evaluate your suitability to become a HealthPub franchisee. All information will be held in the strictest confidence. Submission of this form does not obligate either party in any way.

PERSONAL INFORMATION

Mr / Mrs / Miss _____
First Name _____
Surname _____
Date of Birth _____
Home Address _____

Do you own or rent? _____
Home Telephone _____
Mobile Telephone _____
Business Telephone (if different) _____
Email Address _____
How long have you lived at your current address?

If less than 2 years please state previous address

SS#: _____
Drivers license? _____
State of Issue _____
Marital Status _____
Spouse's Name _____
Number of children and ages if under 18 _____

Any other dependents? Please give details

Will your spouse / partner be active in the business?

If so, in what capacity? _____

EDUCATION

School _____
City / State _____
Last Year Completed _____
Qualifications Obtained _____

College / University / Other _____
City / State _____
Last Year Completed _____
Qualifications Obtained _____

EMPLOYMENT / BUSINESS EXPERIENCE

Please briefly list career experience for you and any active business partners below. Continue on a separate sheet if necessary or attach a CV.

Present Employer _____
Type of Business _____
Address _____

Position _____
Duration _____
No. of people you manage _____

Previous Employer _____
Type of Business _____
Address _____

Position _____
Duration _____
No. of people you managed _____

PERSONAL FINANCIAL STATEMENT

Your Assets

Cash in bank _____
Value of home if owned _____
Value of other properties _____
Savings _____
Shares & Bonds _____
Vehicles _____
Existing business (sale value) _____
Money due to you _____
Other assets _____

Total Assets _____

Net Worth _____
(Total Assets less Total Liabilities)

How do you plan to finance this business? _____

Your Liabilities

Bills payable _____
Home Mortgage _____
Other Mortgage _____
Other obligations _____

Total Liabilities _____

Have you ever been declared bankrupt? _____
If so, please give details _____

Please give details of any County Court Judgements

REFERENCES

References are required before your application will be processed. Please give full names and addresses.

Credit References Personal References

(e.g. Bank, Suppliers, Accountant) (Someone who has known you for at least 2 years)

1. 1. _____

2. _____

2. _____

Bank Details
Bank Name _____
Account Number _____
Routing Number _____
Address _____

Attorney
Name of Firm _____
Contact Name _____
Address _____

Telephone Telephone
Number Number _____

Have you previously been approved for business funding? If so, please give details.

EXPECTATIONS

What are your three main reasons for applying for a HealthPub franchise?

1. _____

2. _____

3. _____

Please describe any other skills, qualifications or interests that you have that are relevant to the business.

Have you ever owned or worked in a business similar to the proposed franchise? If so, please give details.

What could make it difficult for you to run a HealthPub franchise?

In which area would you like to open your HealthPub Franchise? (In order of preference)

1. _____

2. _____

3. _____

If a franchise was not available in the preferred area, would you be willing to consider other areas? If so, which areas?

1. _____

2. _____

3. _____

When are you available to start? _____

How and where did you learn of HealthPub? _____

What annual income do you expect to earn? _____

How many hours per week will you expect to spend in the business? _____

FRANCHISE OWNERSHIP INFORMATION

Are you currently in any discussions to buy an existing HealthPub franchise? _____

Type of Ownership _____
Corporation / Sole Proprietor / Limited Liability Company / Other

Company Name (where applicable) _____

Name of proposed shareholders or partners and their estimated % of ownership

1. _____
2. _____
3. _____
4. _____

Would you prefer to buy an existing area or open a new one? _____

(Please be aware that when purchasing an existing store, substantial investment may be required to bring it up to standard.)

Are you willing to relocate? _____

DECLARATION

Signature _____ Date _____
Print Name _____

I hereby confirm that the information I have given is to the best of my knowledge true and correct. I also give my consent to HealthPub to contact any person named in this form in connection with my interest in a HealthPub Franchise and to carry out reasonable checks on my finances and other matters.

Please note that this Application Form is regarded as confidential information and will be applied only in relation to the assessment of you as a potential business partner.

We will be contacting you shortly with our response.

Please fax or email completed form to:
239-240-6502
www.healthpub.info



1100 S Hayes St, Arlington VA 22202