



**FRANCHISE  
APPLICATION**

DOG Ventures, LLC

**CONFIDENTIAL**

This application does not obligate either party in any manner

**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
                    Last                                      First                                      Middle

Address: \_\_\_\_\_

Driver's License No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

**Please attach a copy of your driver's license or passport.**

Residence Telephone( ) \_\_\_\_\_

Mobile Telephone ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Spouse's Occupation \_\_\_\_\_

Spouse's Date of Birth: \_\_\_\_\_ Spouse's Social Security No. \_\_\_\_\_

Number of Dependents: \_\_\_\_\_ Age of Dependents: \_\_\_\_\_

Last                                      former                                      residence  
Do you                      own                      or                      rent                      your                      home?

If less than 2 years at current residence, please list former residence. \_\_\_\_\_

Are you a U.S. citizen?  Yes  No

If no, \_\_\_\_\_  
*Please give a place of permanent residence and your immigration status in the US. Also, please attach evidence of your status in the US. to this application.*

**Have you ever been convicted of anything other than minor traffic violations? Has any judgment ever been entered against you or your company or your employer where you were one of the litigants? Are you involved in pending litigation?**

Yes  No

*If yes, please state details on a separate page.*

**Have you ever filed for bankruptcy?  Yes  No**

*If yes, please state details on a separate page.*

**Do you or anyone related to you hold any interest in any other dog boarding, grooming, pet sitting or pet training business?  Yes  No**

*If yes, please state details on a separate page.*

**Are you and your employer providing products, goods or services to D.O.G. or any of its franchisees?  Yes  No**

*If yes, please state details on a separate page.*

**Are you or anyone in your immediate family currently or previously employed by D.O.G.?**

Yes  No

*If yes, please state details on a separate page.*

**Are you or anyone in your immediate family currently under any form of non-competition agreement that limits your right to operate any business?  Yes  No**

*If yes, please state details on a separate page.*

**Have you ever applied for a D.O.G. franchise license before?  Yes  No**

*If yes, please state details on a separate page.*

**BUSINESS EXPERIENCE – PRESENT EMPLOYMENT**

**Company:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Annual Salary:** \_\_\_\_\_ **Employed from:** \_\_\_\_\_ **to** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

**Telephone: ( )** \_\_\_\_\_

**Describe duties, responsibilities and number of employees supervised:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**May we contact you present employer? YES / NO**

**May we contact you at your business? YES / NO**

**Have you ever been in business for yourself? YES / NO**

**Please attach a resume of your previous experience.**

**EDUCATION**

State your educational experience, including name and location of schools, dates of attendance, years completed and degrees earned.

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Describe any training in sales, management, or retailing.

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**PHYSICAL CONDITION**

General physical condition \_\_\_\_\_

Date of last physical examination \_\_\_\_\_

List any physical impairments or chronic illnesses, which may preclude certain types of activities \_\_\_\_\_

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**BUSINESS INTEREST**

To what extent will you be actively involved in the day-to-day operations of the business?

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Will the franchise be owned and operated by you or a company?

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What percent of the equity of this business will you own? \_\_\_\_\_%

What amount of cash will you personally invest in the franchise? \$ \_\_\_\_\_

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What is the source of these funds?

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Will you have business partners(s)? YES / NO

If you have a business partner, who will be the Operating Partner?

What is the total amount of cash your business partners will vest in this franchise?  
\$ \_\_\_\_\_

Will any partner's interest in the franchise be encumbered in any way or subject to an agreement between partners? (If so, please describe)

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Will any person or entity other than the partners be entitled to receive, directly or indirectly, part of the profits from the operation of the business? (If so, please describe)

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Please list business partners:

Name	Estimated Net Worth	% of ownership	Proposed Cash Investment

Do you currently have an interest in a franchise business or any other business ventures? (If so, please describe)

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If you are approved for a D.O.G. franchise, will any partner be involved in any non-D.O.G. business activity? (This includes all business activities, not just pet business) (If so, please describe)

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Will the Operating Partner receive income from any source other than D.O.G.? (If so, please describe)

What are your location preferences?

**PERSONAL FINANCIAL STATEMENT**

INCOME STATEMENT FOR 12 MONTH PERIOD ENDING \_\_\_\_\_

Salary, wages, bonus, commissions	\$
Dividends, interest	
Other income - specify source, e.g., business profits (self-employed), trust, spouse, etc	
<b>TOTAL</b>	<b>\$</b>

Please provide details on the following asset verification schedules (**schedule numbers in parentheses**).

<b>Assets</b>	
Cash on hand and in banks	\$
Vested profit sharing	
Securities, Bonds/debentures (1)	
Notes, accounts and mortgages receivable (2)	
Real estate-current market value (6)	
Net value of business interests (7)	
Other-automobiles and other personal property, etc. (4)	
<b>Total assets</b>	

<b>Liabilities</b>	
Loans/notes/accounts payable (3)	\$
Real estate mortgages (6)	
Other debts or obligations (5)	
<b>Total liabilities</b>	
<b>Net Worth</b>	
<b>Total liabilities and net worth</b>	<b>\$</b>

***ASSET VERIFICATION SCHEDULES***

<b>(1) Listed securities, bonds/debentures</b>			
No. Shares	Description	Pledged (Yes/No)	Current Mkt. Value
<b>TOTAL</b>			<b>\$</b>

<b>(2) Notes/accounts/mortgages/receivables</b>						
Debtor	Relationship to applicant	Nature of Debt	Maturity Date	Original Face Value	Monthly Payment	Present Balance
<b>Total</b>						<b>\$</b>

<b>(3) Loans/notes/accounts/bills payable (excluding mortgages)</b>								
Lender	Relation to Applicant	Nature of Debt	Secured Yes/No	Maturity Date	Original Face Value	Monthly Payments	Interest Rate	Present Balance
<b>Total</b>								<b>\$</b>

<b>(4) Other Assets</b>	
(e.g., stock options, cash value of life insurance, automobiles and other personal property, etc.)	
Description	Current Fair Market Value
<b>Total</b>	<b>\$</b>

<b>(5) Other Debts and liabilities</b>		
(e.g., insurance loans, alimony, child support, leases, contracts, legal claims, judgments, chattel mortgages, taxes, comaker or guarantor, etc.)		
Obligee	Description	Amount
<b>Total</b>		<b>\$</b>

<b>(6) Real estate</b>								
Address and Description of property (residential, rental, vacant)	Date acquired	Title in name(s) of	Original Cost	Original Mortgage Amount	Mo. Payments (incl. taxes, assessments)	Current Mkt. Value	Current Mortgage Balance	Net Value
<b>Total</b>						<b>\$</b>	<b>\$</b>	<b>\$</b>

