



**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.

Describe any training in sales, management, or retailing.

PHYSICAL CONDITION

General physical condition _____

Date of last physical examination _____

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

BUSINESS INTEREST

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

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

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

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

What is the source of these funds?

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)

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)

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)

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)

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	
TOTAL	\$

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

Assets	
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)	
Total assets	

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

ASSET VERIFICATION SCHEDULES

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

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

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

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

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

(6) Real estate								
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
Total						\$	\$	\$

(7) Business Interests								
Name and Address of Business	Description	Type (partner, corp., sole)	Name of all owners	Relationship to Applicant	Percent Equity	Buy/sell agreement Yes/No	Valuation Method	Net Value your Interest
Total								\$

Does your spouse or another person have any interest in any of the above assets? If yes, please explain and list assets.

Have any of the above assets been acquired by you as a gift? If yes, specify assets, from whom and when.

I submit the following information as my complete and true personal and financial condition as of the date shown below. In accordance with the Privacy Act (5 U.S.C. 552 a), Freedom of Information Act and The Fair Credit Reporting Act, I expressly authorize any past or present employer, any law enforcement agency, federal, state or local, or any person who has personal knowledge of my character, work experience or criminal records to release this information to D.O.G. Ventures, LLC ("D.O.G."). I understand and acknowledge that, as a condition of being considered for the D.O.G. franchisee training program, I must submit to a credit history check to be performed by a credit reporting agency of D.O.G.'s choice. I understand that the credit reporting agency will make the results of the credit history check available to D.O.G. and that D.O.G. may use those results in determining whether I will be placed into the franchisee training program or remain in D.O.G.'s franchisee training program. If requested by D.O.G. I agree to supply statements from my professional advisors (i.e., banker, broker, accountant or attorney) verifying the above assets, and I also agree to furnish copies of Federal Income Tax Returns as filed for the last five years. I understand that D.O.G. is relying upon all the above information as a material factor in considering my application to become a D.O.G. franchisee, and I therefore agree to promptly notify D.O.G. of any material change in any of the above information or any subsequent information provided to D.O.G. In addition, 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 and entities are further described at the Internet website www.ustreas.gov/offices/enforcement/ofac. I agree to comply with and/or to assist D.O.G. to the fullest extent possible in D.O.G.'s efforts to comply with the above law.

Signature (Applicant) Date

Signature (Spouse) Date