

Applicant's Name: _____

FGC Franchises, LLC
Application for a Franchise



Confidential

This application does not obligate either party in any manner.

By signing below, I authorize FGC Franchises, LLC or any of its affiliates (collectively, "FGC") to start an investigative background check and credit investigation with agencies of FGC's choice based on information voluntarily provided by me to FGC, including, without limitation, the information I provide in this Application which I warrant is true and accurate. In accordance with the federal Privacy Act, 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, general reputation, personal characteristics, work experience or criminal records to release this information to FGC. I understand that I have a right to request that FGC make a complete and accurate disclosure of the nature and scope of such investigation. This is my authorization to credit reporting agencies, banks, creditors and suppliers to release to FGC, and to FGC to release to such parties, all information requested regarding requested regarding my depository, loan or other credit information, including, without limitation, financial information, by telephone or in writing as part of the normal credit evaluation process, including the results of the credit history check. If requested by FGC, 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 FGC is relying upon all the above information as a material factor in considering my application to become a Free Green Can franchisee and I therefore agree to promptly notify FGC of any material change in any of the above information or any subsequent information provided to FGC. I release FGC from any liability with respect to the release of any such requested information. If I am requesting that FGC make a credit determination based on my creditworthiness combined with any co-applicants, I authorize FGC to discuss any derogatory credit items, and any other information FGC obtains in connection with the investigation, with such co-applicants. 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 FGC to the fullest extent possible in FGC's efforts to comply with the above law. **I understand that acceptance of this Application by FGC does not constitute the grant of a franchise. I understand that FGC grants franchises only by executing written Franchise Agreements.**

X

Signature (Applicant)

Date

X

Signature (Applicant)

Date

PERSONAL INFORMATION

Name	Home Phone	Business Phone
Residence	May we contact you at your business phone?	
City	E-Mail Address	
State/Zip Code	Social Security Number	Date of Birth
Spouse's Name	Spouse's Social Security Number	Names & Ages of Children
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? If Yes, explain.		
Have you or your spouse ever declared personal bankruptcy? If yes, explain.		
Of which country are you a citizen?		

EDUCATION

Last year of school completed	Name of college and/or postgraduate school	Degree
Describe any training in sales, management or retailing		

BUSINESS EXPERIENCE

Present Occupation	Position	Dates Employed
Company	Address	
Describe duties, number of employees supervised and responsibilities		

PREVIOUS BUSINESS EXPERIENCE (List most recent first)

Occupation	Position	Dates Employed	Reason Left
Company	Address		
Describe duties, number of employees supervised and responsibilities			
Occupation	Position	Dates Employed	Reason Left
Company	Address		
Describe duties, number of employees supervised and responsibilities			

Have you ever owned your own business or franchise? If so, explain.

Have you ever had a business failure? If so, explain.

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		Liabilities	
Cash on hand and in banks	\$	Loans/notes/accounts payable (3)	\$
Vested profit sharing		Real estate mortgages (6)	
Securities, Bond/debentures (1)		Other debts or obligations (5)	
Notes, accounts, and mortgage receivable (2)			
Real estate-current market value (6)			
Net value of business interests (7)		Total liabilities	
Other-automobiles and other personal property, etc. (4)		Net Worth	\$
Total assets		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 receivable

Debtor	Relation 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

(5) Other debts and liabilities

(e.g., stock options, cash value of life insurance, automobiles and other personal property, etc.)		(e.g., insurance loans, alimony, child support, leases, contracts, legal claims, judgment, chattel mortgages, taxes, co-maker or guarantor, etc.)		
Description	Current Fair Market Value	Obligee	Description	Amount
TOTAL	\$	TOTAL		\$

ASSET VERIFICATION SCHEDULES—CONTINUED

(6) Real Estate								
Address and description of property (residential, rental, vacant)	Date Acquired	Title in names (s) of	Original Cost	Original Mortgage Amount	Mo. Payments incl. taxes, assessment	Current Market Value	Current Mortgage Balance	Net Value
TOTAL						\$	\$	\$

(7) Business Interests								
Name/Address of Business	Description	Type (partner, corp., sole)	Names of Owners	Relation to Applicant	Percent Equity	Buy/Sell Agreement Yes/No	Valuation Method	Net Value of Your Interest
Total								\$

Does your spouse or another person have any interest in any of the above? 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.

MISCELLANEOUS INFORMATION

List any hobbies, community activities, special interests or other pertinent information

Are you related by blood or married to any officer of FGC? Name Relationship

Are you or your employer providing products, goods or services to FGC? IF yes, please attach detailed information.

Will you devote your full time to this business?

Have you ever worked for FGC? If so, where and when?

Have you ever worked for a Free Green Can franchisee, franchise? If so, where and when?

Personal References (other than employers or relatives)

Name in full	Address	Occupation	Years Known
Name in full	Address	Occupation	Years Known
Name in full	Address	Occupation	Years Known
Name in full	Address	Occupation	Years Known