



Franchise Application

Name: _____ Social Sec. #: _____

E-mail address: _____ Birthdate (mm/dd/yyyy): _____

Spouse's name: _____ Social Sec. #: _____

Home address: _____

City / State / Zip: _____

Home phone: _____ Mobile: _____

Schools attended Years Grade or degree attained:

Current employer: _____ Position: _____

Address: _____

City / State / Zip: _____

From: _____ To: _____

Previous employer: _____ Position: _____

Address: _____

City / State / Zip: _____

From: _____ To: _____

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Have you ever owned your own franchise or other type of business? If so, give the following details:

Business name: _____ How long owned: _____

Address: _____ Number of employees: _____

Type of business: _____

Your responsibilities: _____

Overview of your Financial Position (if joint application or partnership, list individual information separately):

Liquid Funds Available \$ _____

Total Assets \$ _____ Total liabilities \$ _____

Net worth (assets minus liabilities) \$ _____

How much capital can you allocate from the previous sources to buy this franchise? _____

What is the cash down-payment you can make for a franchise? \$ _____

If the required amount is not available, how will the investment be obtained? _____

Do you plan to convert any of the above assets into cash? Yes No \$ _____

Do you plan to have a partner? Yes No If so, will the partner be active? Yes No

Do you plan to have investors? Yes No If so, to what extent? _____

What is the minimum income you need to get through the first year of business? \$ _____

From what source will it come? _____

Bank references

Name Address Phone

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Business references

Name Address Phone

_____	_____
_____	_____
_____	_____

Character references
(other than relatives)

Name Address Phone

_____	_____
_____	_____
_____	_____

How many stores are you interested in owning and operating as a Franchisee? _____

What is the location (city) of your first choice? _____

What is the location (city) of your second choice? _____

In addition to owning/operating a store, are you interested in the solicitation, sale and support of the program with other franchisees? Yes No If so, in what geographic area are you interested?

Oil & Vinegar expects its franchisees to work full-time in their store. Are you able to commit yourself full-time? Yes No

What is your motivation to own/operate an Oil & Vinegar retail store?

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Why do you want to start a franchise business?

Describe your affinity with the Oil & Vinegar products.

I certify that the enclosed information as given is complete and correct. It is understood that the purpose of this questionnaire is to gather general information and is in no way binding upon either Oil & Vinegar or the applicant. I authorize release of any information deemed necessary by Oil & Vinegar to verify any and all of the above information. I hold Oil & Vinegar harmless for any damages arising from verification of the information contained herein.

Applicant's signature

Date

Please complete, sign, and date this form and fax or post together with your current resume to:

Oil & Vinegar
PO Box 99657
Seattle, WA 98039

Fax to: (206) 282-2895

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