



Complete in full and do not use abbreviations; please print clearly or type.  
The filing of this confidential application does not obligate the applicant to become a franchisee of Farr's Fresh Franchising, Inc.

**PERSONAL INFORMATION**

Applicant Name (Last, First, Middle): \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Years There: \_\_\_\_\_ E-Mail Address \_\_\_\_\_ Social Security Number \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Spouses Name: \_\_\_\_\_  
Spouse Occupation \_\_\_\_\_ Total No. of Dependents: \_\_\_\_\_  
Names (ages) of Dependents: \_\_\_\_\_  
\_\_\_\_\_

**MANAGEMENT GOALS**

Do you plan to devote full time to this venture? \_\_\_\_\_ Are you willing to relocate? \_\_\_\_\_ Do you plan to have equity partners? \_\_\_\_\_  
Geographic Area of Interest (please describe): \_\_\_\_\_  
Please briefly describe why you want to become a Franchisee? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**CRIMINAL HISTORY**

Have you ever been convicted of a misdemeanor? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain: \_\_\_\_\_  
Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

**PERSONAL FINANCIAL STATEMENT AS OF / /**

**ASSETS**

**Cash on Hand and in Bank** \_\_\_\_\_  
(Itemize in Schedule A)

**Mortgages or Notes Due to Me** \_\_\_\_\_  
(Itemize in Schedule B)

**Other Notes/Accounts Due Me** \_\_\_\_\_  
(Itemize in Schedule C)

**Stocks and Bonds** \_\_\_\_\_  
(Itemize in Schedule D)

**Cash Value of Life Insurance** \_\_\_\_\_  
(Itemize in Schedule E)

**Real Estate Owned** \_\_\_\_\_  
(Itemize in Schedule F)

**Equipment/Office Furniture** \_\_\_\_\_  
(Itemize in Schedule G)

**Household Furnishings and  
Other Personal Property** \_\_\_\_\_

**Other Assets (Automobile(s))  
and Business Ventures** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total Assets** \_\_\_\_\_  
(Add all of the above)

**Annual Personal Income** \_\_\_\_\_

**LIABILITIES**

**Notes Payable to Bank(s)** \_\_\_\_\_  
(Itemize in Schedule H)

**Loans Against Cash Value of Life Insurance** \_\_\_\_\_

**Notes Payable to Others** \_\_\_\_\_  
(Itemize in Schedule H)

**Other Accounts Payable:** \_\_\_\_\_  
(Itemize on separate page if more than \$5,000)

(a) **Credit Cards** \_\_\_\_\_

(b) **Charge Accounts** \_\_\_\_\_

(c) **Other Bills Payable** \_\_\_\_\_

**Real Estate Mortgage Payable** \_\_\_\_\_  
(Itemize in Schedule F)

**Taxes Due** \_\_\_\_\_  
(Itemize in Schedule I)

**Other Liabilities** \_\_\_\_\_  
(Itemize below)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total Liabilities** \_\_\_\_\_  
(Add all of the above)

**Net Worth** \_\_\_\_\_  
(Assets minus Liabilities)

**Total Liabilities  
and Net Worth** \_\_\_\_\_

Have you ever been involved as a debtor in proceedings under the U.S. Bankruptcy Code? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, explain:

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I submit the above 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 Farr's Fresh Franchising, Inc. ("Franchisor"). I understand and acknowledge that, as a condition of being considered for a Farr's Fresh Franchise, I must submit to a credit history check to be performed by a credit reporting agency of Farr's Fresh Franchising, Inc. choice and authorizes and requests any consumer reporting agency to provide such information to Farr's Fresh Franchising, Inc. I understand that the credit reporting agency will make the results of the credit history check available to Farr's Fresh Franchising, Inc. and that Farr's Fresh Franchising, Inc. may use those results as a factor in determining whether I will be granted a Farr's Fresh franchise. If requested by Farr's Fresh Franchising, Inc. , 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 Farr's Fresh Franchising, Inc. is relying upon all the above information as a material factor in considering my application to become a Farr's Fresh franchisee, and I therefore agree to promptly notify Farr's Fresh Franchising, Inc. of any material change in any of the above information or any subsequent information provided to Farr's Fresh Franchising, Inc. . In addition, I release all persons from liability as a result of reporting 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.ustrease.gov/offices/enforcement/ofac](http://www.ustrease.gov/offices/enforcement/ofac). I agree to comply with and/or to assist Farr's Fresh Franchising, Inc. to the fullest extent possible in Farr's Fresh Franchising, Inc.'s efforts to comply with the above law

Authorized Signature (required): \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Email address: \_\_\_\_\_

After completion of this Application, please fax Application and attachments to:

Hokulia Shave Ice Franchising, Inc. 801-776-0792