

SECTION 1 • CONTACT INFORMATION

First Name _____ MI _____ Last Name _____ Social Security _____ Date of Birth _____

Will spouse (if applicable) be part of the business? Yes No If yes, fill out the spouse information and have spouse sign below.

Spouse First Name _____ MI _____ Last Name _____ Social Security _____ Date of Birth _____

Residential Address _____ Residential Phone Number _____ Email Address _____

City _____ State _____ Zip Code _____ Cell Phone Number _____

Will there be other owners/partners? Yes No If yes, who are they? _____

Please note, a separate application will be required for each owner/partner.

SECTION 2 • EMPLOYMENT

Are You Self-Employed Employed Unemployed Retired

Name of Company/Employer _____ Type of Business _____ Number of Years _____

Position _____ May You Be Contacted at Work? _____ Work Phone Number _____

Is Spouse Self-Employed Employed Unemployed Retired

Name of Company/Employer _____ Type of Business _____ Number of Years _____

Position _____ May Spouse Be Contacted at Work? _____ Work Phone Number _____

SECTION 3 • FINANCIAL INFORMATION

Total Liquid Cash Available (e.g., cash, stocks, bonds, mutual funds) _____ A\$ _____

Total Tangible Assets (e.g., house, car, business, etc.) _____ B\$ _____

Total Assets (Add A\$ + B\$) _____ C\$ _____

Total Liabilities _____ D\$ _____

TOTAL NET WORTH: Total Assets minus Total Liabilities (C\$ - D\$) _____ E\$ _____

SECTION 4 • PERSONAL INFORMATION

Have you ever filed for bankruptcy? Yes No If yes, when? _____

Have you ever been convicted of a felony? Yes No If yes, when? _____

SECTION 5 • OTHER

I have enough income to maintain my current lifestyle without spending funds allocated for development of my Palm Beach Tan and Wellness™ franchise(s) until opening Yes No

I understand that if financing is required to open my Palm Beach Tan and Wellness, it is my sole responsibility to obtain the financing. Yes No

I agree that I must pass the mandatory owner training for Palm Beach Tan and Wellness Yes No

I have completed the Palm Beach Tan and Wellness Personal Financial Statement. Yes No

SECTION 6 • FINANCIAL DISCLOSURE AND SIGNATURES WILL BE REQUIRED UPON SIGNING A FRANCHISE AGREEMENT.

I understand that this document is for general information purposes only and is in no way binding upon Palm Beach Tan and Wellness or me. I certify that the information contained in this Franchise Application is true and correct to the best of my knowledge. Palm Beach Tan and Wellness, prospective Landlords or their authorized agents are hereby given permission to make an investigation into my background (including, but not limited to, a credit report) in order to verify the accuracy of the information herein. Except as disclosed to you on this form, I am not an owner, officer, director, employee or lender of any business engaged in the sale of tanning services. Also, except as disclosed on this form, I am not the subject to any agreement which would prohibit me from becoming a Palm Beach Tan and Wellness franchisee.

Date _____ Print Name (First, Middle Initial, Last) _____ Signature (in ink) _____

Date _____ Spouse Print Name (First, Middle Initial, Last) _____ Spouse Signature (in ink) _____