





Phone: 330-534-1412

Personal Information (circle answer when applicable)

Name:							
Last		First		t	Middle	Spouse	
Address: _							
	Street			City		State	Zip
		Home	Own	Rent	How long? _		
Last former address:				How long?			
Cell Pho	one#			Home	Telephone#_		
D.O.B.:		_/	N	larital status:	Single	Married	
Number of a	children:						
Children age							



Franchise Application



Business Experience	e			
Present occupation:				
	Position	Company	Address	Phone#
Supervisor:		Title:	May we	contact?
Current salary:		Employed from:	to	
Spouse employment: _				
	Position	Company	Address	Phone#
Spouse salary:		Employed from:	to	
Education				
Last year of school cor	npleted: Hig	h School 1 2 3 4 College: 1	234 Grad. St	udies: 1 2 3 4
If college graduate, pro	ovide name	of school:		
Year Graduated:	Major:			



Franchise Application



Business Reference:		
1. First, last Name:		
2. Address:		
3. Occupation:		
4. Phone number:		
5. Years Known:		
Personal Reference:		
1. First, last Name:		
2. Address:		
3. Occupation:		
4. Phone number:		



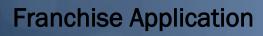
Franchise Application



Genera	l Inf	orm	atio	n
Genera			ano	"

Have you ever been in business for yourself? Yes No If yes, please explain
Have you ever owned a franchise? Yes No If yes, give name of franchise organization
3. Will you devote full time to this business? Yes No If no, Do you have someone to manage?
If yes, please name
4. Will this managing person have an equity investment?
5. When will you be available to open your business?
6. Do you regard this franchise as Career? Investment? Speculation?
7. Capital available to invest:
8. Are you applying this as an individual? or a partnership?







	Financial Information
Current Assets	n hand (unrestricted in banks)
	air market value
	avings, stocks, bonds
value a	Il other assets / real estate
	Total Assets \$
Current Liabilitie Notes pa	es ayable to banks / others
Mortgag	e payable on home / others
Any other	er liabilities (credit card, etc.)
To	Total Liabilities \$ etal Assets minus Liabilities (Net Worth) \$
	Annual Total Income (all sources) \$
	tifies that the information on this personal financial statement and any financial information rms is true and correct. I authorize Katie's Korner, Inc. to make any additional credit check which it deems necessary.
Date:	Signature: